

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

COUNTERPART
C&D WHITEHALL LABORATORIES PHARMACIST BRIEFING

15 June 1996

DoH backs wider role in primary care

A million people a week get pharmacy advice

Last chance to sign up assistants for training

Update: the ins and outs of discharge planning

No sweat keeping the body beautiful



Asda trades blows with Whitehall in RPM battle

10pc profits rise at BTC pulls Boots through

Online at <http://www.dotpharmacy.com/>

ABRIOGEO PRESCRIBING INFORMATION

PRESENTATION: Deep Relief is a clear colourless gel containing Ibuprofen Ph Eur 5.0%. Also contains menthol. **USES:** A topical anti-inflammatory and analgesic for the rapid symptomatic relief of superficial musculo-skeletal disorders, including muscular pains, strains, lumbago, fibrositis and backache.

LEGAL CATEGORY: P PRODUCT LICENCE HOLDER:

The Mentholatum Company Limited, East Kilbride, Scotland PL 0189/0020 **DATE OF INFORMATION:** May 1995

FURTHER INFORMATION FROM THE LICENCE HOLDER IS AVAILABLE ON REQUEST.

Trade Contact: The Jenks Group, Telephone 01494 - 442446



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- ✓ Aquafresh Flex 'n' Direct is the ultimate achievement in toothbrush technology
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& further innovations in 1999
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Flex 'n' Direct & ensure
you're a winner too!



SmithKline Beecham
Consumer Healthcare

* Source: Nielsen Total Pharmacy Data (MAT) Feb.

Asda's Archie Norman has always had an eye for publicity. The supermarket's escapade this week in halving the price of Anadin Paracetamol has brought the desired media attention to its efforts to bring down resale price maintenance on medicines. However, this time there has been a vigorous response from the Community Pharmacy Action Group. There has been little public debate on RPM recently, while the Office of Fair Trading trundles towards the conclusion of its investigation. Asda's cavalier move should act as a sharp reminder against complacency based on optimistic noises from the CPAG. Whitehall Laboratories' commendably prompt response in obtaining an injunction to prevent price cutting by Asda shows that OTC medicine manufacturers remain united in defence of RPM.

The CPAG's arguments that the preservation of RPM is about safeguarding long-term professional healthcare in the community are given further support this week. The results of a study conducted by the Pharmacy Practice Research Resource Centre indicate 175,000 people a day could be getting OTC health care advice from their pharmacy (see p822). The demise of RPM would threaten a substantial number with closure – maybe up to 2,000 – and there is simply nowhere else the public can go for such easily accessible advice. Asda may at last be realising, like the OFT, that RPM on medicines is there for good reason. In a switch of attack the company is now suggesting that RPM provides excess profits for the "manufacturer and the multiple pharmacies". It "believes there must be more effective ways [than RPM] to help local chemists". This smacks of an attempt to split the solid support for RPM given by pharmacy groups. No doubt CPAG representatives will have an interesting time with Mr Norman when they meet!

CHEMIST & DRUGGIST

Editor Patrick Grice, MRPPharmS

Assistant Editor Maria Murray, MRPPharmS

News Editor Marianne Mac Donald, MRPPharmS

Technical Editor Fawz Farhan, MRPPharmS

Beauty Editor Joanne Webb

Contributing Editor Adrienne de Mont, MRPPharmS

Reporter Charles Gladwin MRPPharmS

Art Editor Tony Lamb

Production Editor Vanessa Townsend, BA

Price List Colin Simpson (Controller) Darren Larkin, Maria Locke

Advertisement Manager Julian de Bruxelles

Assistant Advertisement Manager Doug Myton

Display Advertisement Executives

Martin Calder-Smith, Nick Fisher

Production Jenny Catt

Publisher Ron Salmon, FRPharmS

Publishing Director Roger Murphy

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Telex 95132 MILFRE G

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Integrated approach called for in Malone's 'listening tour' report



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DoH report highlights primary team role

Community pharmacists should become a more integral part of the primary care team, says a consultation document on the future of primary care.

'Primary care: the future', the fruit of health minister Gerald Malone's six-month listening tour, highlights better team working as essential for improving primary care, allowing non-medical professionals, such as pharmacists, to "fulfil their potential and expand their contribution".

The report suggests a more integrated approach would help avoid problems experienced at the primary/secondary care interface, promote cost-effective prescribing and would allow pharmacists to take on additional tasks, such as managing repeat prescribing and reviewing medication. Another proposal suggests suitably qualified pharmacists taking on the prescribing or dose adjustment roles of GPs.

The upshot would be that pharmacists would be more widely recognised by patients and other

healthcare professionals as the first port of call for advice on common ailments. This could, in turn, increase pharmacy's role in health promotion.

The document proposes the setting up of cottage hospitals where a range of healthcare services are amalgamated. Yet while the DoH acknowledges that this would reinforce the teamwork concept, it admits it would be important to retain pharmacies' ready accessibility.

But the DoH concedes that such radical changes cannot be accomplished without amending the existing contractual, regulatory and remuneration framework, which only covers medicine dispensing and limited additional roles, such as advice to residential and nursing homes.

"There are no incentives for going beyond the minimum requirements... there is no financial recognition for giving advice, making domiciliary visits or providing medication review for elderly patients," says the document.

It adds that the current remuneration system has "perverse effects" with pharmacies sometimes struggling to survive through competition with one another and dispensing doctor practices. Yet if script volume is too high, there may be no time for other activities.

It also accepts that another hindrance to expanding the role of pharmacies is the lack of additional resources for premises, equipment, staffing and training. Another restraint is the requirement that pharmacists must be on the premises to supply medicines, preventing services being offered off the premises.

A second document, due in the autumn, will outline an agenda for change, with any changes to be tried in voluntary pilots.

Next week, Mr Malone is to set off on an 'agenda-setting round' to consider how to implement the ideas in the document. Seminars will be held until the end of July.

Copies of the report are available from Health Literature Line on 0800 555777.

Professional view

Pharmacy bodies have welcomed the document 'Primary care: the future', perceiving it as positive for the profession.

Says the Pharmaceutical Services Negotiating Committee's assistant secretary, Stephen Axon: "If you could summarise the document as a whole it's saying 'let's get the health services together working as a team'."

The NPA's assistant director John D'Arcy adds: "It's a question of really using this as an opportunity to map out, in a formal sense, what pharmacists can do. A number of pharmacists are doing it in an informal sense, which is not being paid for."

Roger Odd, head of the Royal Pharmaceutical Society's practice division, believes it's an acknowledgement of "pharmacy as an important service in delivering primary healthcare and that it's an under utilised service". He adds that it links "marvellously" with the Society's 'Pharmacy in a New Age' initiative.

Both Mr D'Arcy and Mr Axon believe contractual and legislative changes will herald a re-defining of the pharmaceutical role. "Currently, the definition is fairly narrow. If pharmacy is to move to a multi-disciplinary team approach, that will have to be very much expanded," says Mr Axon.

Both also stressed the need for adequate resources. Mr Axon pointed out that, while the document supported the development of primary care premises and the need to balance this with wider pharmacy access, "this would have implications as pharmacists have to provide their own premises".

The one concern that Mr Axon did have was a comment on extending and developing the nurses' role to include prescribing, administration and supply of medicines. "The supply of medicines is not a nursing role in any way, shape or form," stresses Mr Axon. "That requires the knowledge of medicines that the pharmacist has."

Practice to People – your chance to shine

Do you run a pharmacy that offers customers something special in the way of healthcare? Have you worked to develop relations with other members of the primary care team to bring an innovative service to patients?

If the answer is 'yes', then the *Chemist & Druggist* 'Practice To People' awards, sponsored by Glaxo Wellcome, offer you the chance to win a major prize. Details of how to enter the awards and win an all expenses paid business management course, or a trip to a major conference, are given on the entry form inserted in this week's issue.

You need to act now to make sure your entry is ready in time for the closing date at the end of July. If you have mislaid your entry form, contact Jan Powis on 01732 361122 ext 2487, or speak to your Glaxo Wellcome representative.

Durham acts on aspirin

Durham pharmacists are advising consumers about the benefits of the century's wonder-drug – aspirin.

In a multi-disciplinary health team campaign to raise awareness of aspirin's role in protecting against strokes and heart disease, pharmacists are being asked to identify patients who may gain from daily dosing with low-strength aspirin.

Local Pharmaceutical Committee secretary Alan Phillips, who

spoke at the launch of the Action Aspirin campaign last week, says: "It's an excellent opportunity for pharmacists to be involved."

Linda Redpath, audit development manager at Durham Health Authority's primary care resource unit, agrees. "Community pharmacists have a role in health promotion as they have got such a large audience that they can get out healthy messages."

Sharpe's appeal heard by Welsh Office

The Welsh Office has heard an appeal by Newbridge pharmacist Allan Sharpe against a £550 fine imposed by Mid-Glamorgan Family Health Services Authority. A report now has to be prepared for the Secretary of State.

The fine followed a complaint by Gwent Health Commission that Mr Sharpe was breaching his

Terms of Service by dispensing drugs privately on an FP10 for less than the prescription fee.

Mr Sharpe, backed by a National Pharmaceutical Association solicitor, disputed the ruling when he faced the Welsh Office's independent three-man panel – which comprised a barrister, an independent pharmacist

and the Department of Health's chief pharmaceutical officer, Bryan Hartley – last Monday.

"It was a nice, brief, 45-minute hearing," says Mr Sharpe. "I think the NPA solicitor did very well, he kept it very simple and easy to understand."

It is not known when the panel will deliver its verdict.



Asda's latest challenge to RPM (see Business News p846)

Assistant training now urgent

There are just two weeks to go before all pharmacy assistants who sell medicines to the public must have started – or already completed – an approved training course.

After June 30, it will be against the Royal Pharmaceutical Society's Code of Ethics for untrained assistants to continue dealing with requests for medicines.

But, as with the introduction of protocols, inspectors will try to be understanding and no draconian measures are expected with the dawn of July 1. The Society's director of legal services, Sue Sharpe, says the inspectorate will act in an advisory capacity, reminding pharmacists of their new obligations.

"They will be emphasising that the time has come for pharmacists to ensure their assistants are properly trained," she says. "And there are many excellent courses available."

She reminds pharmacists that the Society's last multiple choice question paper for experienced assistants will be in November. Registration has already started and the deadline is October 7.

Roger Odd, who heads the Society's practice division, believes many pharmacists have yet to act on assistant training.

There could be as many as 50,000 assistants, including part-timers, who are involved in selling medicines, but so far only about 5,000 experienced assis-

tants have taken the Society's MCQ papers – and all others should be undertaking accredited training.

"We urge people to put their names in for the last MCQ exam as quickly as possible, because we know there will be a surge of interest," he says.

Cost effective route for C&D subscribers

For *C&D* subscribers the Cambridge Counterpart Pharmacy Assistant Development Programme is the most cost-effective course available. Thanks to the generous sponsorship of Whitehall Laboratories, Counterpart distance learning modules have been free to *C&D* subscribers.

Pharmacists who have not yet started their medicine counter assistants on a course are strongly advised to send immediately for a pack of all the Counterpart modules issued to date.

Assistants who are already following Counterpart are

reminded that they must register with *C&D* in order to qualify for their CPP certificate. Full details and an order form are on p843.

● The last of the 13 distance learning modules – on hayfever and first aid – will be distributed with next week's issue, preceded this week by the Pharmacist's briefing (see pages S35 and S36).

This month's questionnaire also includes six revision questions for modules 10-12 – part of the progress monitoring by course providers required for award of a College of Pharmacy Practice certificate.

Doctors to open dispensary next door to pharmacy

A doctors' surgery has been allowed to open a dispensary 40m from the door of a 'market town' pharmacy.

The C M Ogle Pharmacy in Pershore, Worcestershire, successfully opposed the doctors' dispensary last year, but the Family Health Services Association

appeal board in Harrogate overturned the decision last month.

"The doctors are not giving any additional services to patients that were not being provided before," says pharmacist Gerard Ogle.

Patients will have to travel the same distance, as the surgery

and Ogle's pharmacy share a car park, he adds.

● A pharmacy opposed by two dispensing doctor practices officially opened last week, after a two-year struggle.

The pharmacy, in Finchampstead, Berkshire, was opposed by the doctors on the grounds of

Domiciliary visit success in Croydon

The majority of elderly patients receiving a domiciliary visit from a pharmacist have medication problems, reveals preliminary results of a Croydon Health Commission pilot project.

Interim analysis of 21 elderly patients referred, either by the GP or by a local hospital, to Croydon pharmacists for a home visit, shows 19 patients had a problem with medication, with confusion the most common concern. Difficulty with compliance was identified in 11 out of a total 30 visits.

A total of 15 interventions were recorded by the pharmacists, of which six were potentially serious. "What's encouraging for pharmacists," says Croydon Health Commission's pharmaceutical advisor, Helen Marlowe, "is that in five cases when they contacted the GP to change the medication, the change was made."

So far, the \$10,000 scheme has led to domiciliary visits for 50 patients, with 34 pharmacies participating. It is hoped that 200 patients will be fully assessed.

NI pay moves in line with UK

Northern Ireland contractors are the first to agree a pay arrangement for 1996/97. Under the provisional deal, pharmacists in the Province will be paid along the same lines as their compatriots in the rest of the UK.

The interim arrangement, pending agreement on a national percentage increase in the global sum, means contractors will be paid a higher professional allowance and move to a single dispensing fee.

The top-banded professional allowance is \$1,400 a month for dispensing 1,300 items or more; the lowest is \$700 per month for 800 items.

A graduated scale will operate for contractors dispensing 800-1,299 items of \$700 plus \$0.88 per item. The single dispensing fee is \$0.87.

A million a week given advice in the pharmacy

More than one million people a week are given advice from a community pharmacy, reveals a study of pharmacist advice on over the counter medicines.

The study, conducted by the Pharmacy Practice Research Resource Centre in a jointly-funded project with the National Pharmaceutical Association, analysed pharmacists' advice to consumers (*C&D*, November 4, 1995, p649). Researchers observed four pharmacies in each of three areas (Essex, Nottinghamshire and Lancashire) for two days, with pharmacists recording information for a fur-

ther week between November and January.

The results reveal that just over half of OTC consultations came with advice, with pharmacists involved in 63 per cent of cases and counter assistants in 49 per cent. Nearly two-thirds of advice episodes offered details on the products available, while 46 per cent examined the symptoms, with three-quarters of consultations taking less than two minutes. Customers were more likely to require advice on analgesics (19 per cent) and coughs (18 per cent).

If the results were extrapolated nationally, an estimated 175,000 people per day are given pharmacy advice, yet the pharmacists surveyed found the biggest hurdle in extending this service lay in consumers being reluctant recipients.

Dr Bogusia Temple, research associate at the PPRRC, says: "We really need to keep making the case for pharmacists as advice givers. Pharmacists are advocating more education [for consumers] on what they do and the value of speaking to them."

She adds that the other half of the puzzle is in determining consumer perception of this advice.

Hills enters disease management field

Hills pharmacies are offering a disease management service for people with diabetes, funded by Boehringer Mannheim.

All Hills pharmacies are being provided with a Boehringer blood glucose monitor to target diabetes and raise their awareness of monitoring, which, if managed more precisely, could significantly reduce the risks of poor control. In addition, Boehringer representatives are calling on GPs to bring the service to their attention.

Hills Pharmacy intends to develop further services which could be marketed locally.

Superintendent pharmacist Nick England believes "There is an opportunity for pharmacy to take the initiative in disease management by offering a number of cost-effective services. This will reduce the cost of care for given diseases, while allowing them to retain control of prescribing."

Veterinary sales pharmacist avoids being struck off

A pharmacist was under considerable customer pressure when he supplied veterinary medicines to farmers without a prescription, a resumed hearing of the Northern Ireland Pharmaceutical Society's Statutory Committee has heard.

The Committee had adjourned a misconduct hearing last December against John Charles Ball, whose pharmacy at 30 Main Street, Ballygawley, Co Tyrone, is close to the Irish border.

Mr Ball had been convicted last October of possessing and supplying veterinary medicines, mainly antibiotics, without prescription.

The Committee was told that one of the products in his possession, Baytril, was freely available in the Republic of Ireland.

Senior DHSS pharmacy inspector Tom Scott said that following the Committee's decision to adjourn the hearing he had visited the Ballygawley premises on two occasions.

He had asked Mr Ball to remedy a number of matters and told the Committee: "In my opinion he is now operating his pharmacy to a satisfactory standard."

The pharmacy, an old and well-established family business, was now in order and the opinion of the Committee was that he should not be removed from the Register.

Dorrell backs recruitment

Health secretary Stephen Dorrell has acknowledged the need to encourage "recruitment and retention" in the primary care sector and would like to see better use made of pharmacists' clinical expertise.

He said on Tuesday that developing primary health care should be an exciting and professionally rewarding area in which to work, yet the sector was failing to "hold its head up" as far as recruitment was concerned. It was an issue that needed addressing across the health professions, he told a conference in London on 'The future of primary health care'.

During the discussion, Cardiff GP Carol Gibbs told Mr Dorrell that if she was expected to manage more patients at home it was

essential for her to have good pharmaceutical advice. But she could not direct patients to a specific pharmacy and did not have enough resources to pay for her own clinical pharmacist.

Mr Dorrell said the point was "well taken". He thought the NHS "almost unbelievably profligate" in the way it failed to use the skills of expensively trained professionals like pharmacists. He was in favour of looking at ways to develop these skills.

The Royal Pharmaceutical Society's deputy secretary, Philip Green, agreed that the NHS should make better use of pharmacists. Pharmacy had a valuable role to play, working as part of the healthcare team rather than in isolation.



Stephen Dorrell

The reluctance of government to invest in pharmacy had resulted in low morale among pharmacists, he said. There was a need for investment to support developing roles which could improve patient care and use resources more economically.

Boots appeals against HA ruling

Boots the Chemist has lodged an appeal against Merton, Sutton & Wandsworth Health Authority, which found the company guilty of breaching its Terms of Service (*C&D* last week, p786).

Boots failed to supply prescriptions with "reasonable promptness" when faxing scripts from their non-contract Dog Kennel Hill pharmacy to their Walworth Road branch, which does have an NHS contract. However, the faxing of prescriptions, by being designated a collection and

delivery service, was found not to breach the Terms of Service.

The ruling disappointed London pharmacist Ashwin Tanna, an opponent of prescription faxing between non-contract and contract pharmacies.

"I find it sad that they are not making up their minds. We do not know where we stand," complains Mr Tanna, who feels the issue should be decided by the Royal Pharmaceutical Society's Council, not a Health Authority.

Boots has reaffirmed that it

will be going to judicial review in a bid to reverse a reprimand from the Royal Pharmaceutical Society's Statutory Committee.

"We still feel strongly we are right and shall be going ahead with it," says Boots Company director, Stephen Russell.

Boots and its superintendent pharmacist, Marshall Davies, were found guilty of misconduct by the Committee in providing a prescription collection and delivery service in rural areas (*C&D*, January 20, p80).



Why are suppliers suddenly interested?

There's nothing like working in the pharmacy industry to keep us on our toes. Times are changing fast, and not just for retailers and wholesalers. Until recently many industry suppliers were either enjoying a cornered market, or paying little attention to the pharmacy sector — a small and declining slice of their business.

Suddenly, an industry giant, Glaxo Wellcome, is consulting pharmacists on how it can improve service levels. Then there's Dendron, quietly enjoying unprecedented pharmacist support following a similar audit, subsequently translated into a workable business strategy.

Companies encompassing both healthcare and personal care products, such as SmithKline Beecham, Procter & Gamble and

More likely, this attitude shift is shrewd business sense

Crookes are showing increased commitment to develop the way they work with pharmacy customers. Why, when sales are fast moving into other retail sectors? Surely suppliers would be only too happy to see their businesses consolidated into a handful of multiples? No need then, to pay expensive salesforces!

OTC companies may well be a benevolent lot, but frankly, charity begins at home. Altruism? More likely this attitude shift is shrewd business sense. During the past 10 years consumers have been trained to be fickle, searching around for promotions and price cuts, but community pharmacy has held up relatively well. It has retained, and will continue to retain, a core of customers.

Perhaps it is a realisation of how the unique pharmacy environment affects these consumers' purchases in the long term which is driving manufacturers' efforts.

Whatever the reason for suppliers extending the hand of partnership, there has never been more opportunity for smart pharmacists to embrace it and make it work for their business.

This column is contributed by a

A good day in St Albans

I really enjoyed myself at the NPA's 75th Anniversary show in St Albans last week, renewing old acquaintances, seeing the latest innovations in shopfitting (a particular interest at present), but most of all keeping a low profile.

The *Chemist & Druggist* stand certainly attracted attention, aided by the notoriety of this humble columnist and the honour of having the day's most prized possession modelled after him.

The limited edition Xrayser clock was indeed a prize worth fighting over. It seemed so simple; just drive the model buggy round its course and into the parking spot at the end, first to park is the winner. But I have never mastered the dexterous art of electronic joystick control so when I competed with Dotty, the young whippersnapper won hands down. It isn't so easy with hands of clay!

All I managed was a succession of delicate pirouettes along with one complete somersault, thereby suffering the indignity of having to start again. Dotty effortlessly walked off with her prize and all I ended up with was a severely dented ego!

However, gallantry has not been forever lost in the modern world because, after suffering a week of geriatric jokes from my staff, this morning the postman's urgent 7 o'clock summons has delivered my own personal Xrayser clock. I can but thank the Editor for his thoughtfulness and generosity because it was only he who, after witnessing my humiliation, could have so selflessly restored my pride.

When praise is due ...

The pharmaceutical industry must sometimes think I run a vendetta of criticism against them but when congratulations are due I am equally delighted to publicise their achievements.

The other night I was relaxing in front of the television watching my favourite programme, the weather forecast. At the end

Topical Reflections



responsible, sale of medicines is encouraged by referring customers directly to their community pharmacist.

Straight from the horse's mouth

I never cease to be amazed at the arrogance of our political leaders who refuse to accept responsibility for their own actions.

So far the movement to patient pack dispensing has been farcical in its inertia but at least I now know why, and this out of the mouth of the Health Secretary, Stephen Dorrell, who told the British Generic Manufacturers Association last week that patient packs should be introduced at nil cost to the NHS (*C&D* June 8 p808).

If there is no cost to the NHS then that cost must be borne by others, yet if market forces operate then the capital investment and increased costs of patient packs must be passed on in part to the customer. I do not understand Mr Dorrell's 'nil cost' economics because the NHS is the customer and if patient packs are to be statutorily required then ultimately the NHS must pay at least part of that cost.

If Mr Dorrell wishes to offset those costs against another part of his Department's budget, then that is his affair, but it is unrealistic to expect generic manufacturers to absorb the whole cost. The Government should now introduce the necessary regulations without further delay and allow market economics to decide how the costs will eventually be apportioned.

New option in haemophilia

The introduction of Novoseven (recombinant factor VIIa) by Novo Nordisk will benefit haemophiliacs who have developed antibodies to traditional coagulation factor concentrates of factor VII or IX.

Novoseven can be used for the treatment of serious bleeding episodes and as a preventative measure in relation to major and minor surgery in patients who have developed antibodies to coagulation factors VIII or IX.

In patients such as these, Novoseven can produce

haemostasis by enhancing the natural physiological coagulation cascade.

The recombinant product contains no material of human origin so the risk of human viral infections such as HIV or hepatitis, is removed.

Another advantage of Novoseven is that it acts locally – at the site of injury – forming a haemostatic plug where needed. Current data also suggest that recombinant factor VIIa has a reduced risk of thrombotic adverse events.

Novoseven is available at a basic NHS price of £705 per 1.2mg. As with other recombinant products it will attract VAT at £17.5 per cent.

Novoseven has been used in the UK as part of a compassionate use programme, successfully treating over 200 episodes in patients who have experienced bleeding into their joints, muscles, internally in their abdomen, in the central nervous system, skin or mucous membranes.

Novo Nordisk Pharmaceuticals Ltd. Tel: 01293 613555.

MEDICAL MATTERS

Heart disease patients require greater risk factor treatment

British cardiologists are urging hospital and family doctors to target the UK's estimated 3.4 million coronary heart disease patients and provide a comprehensive range of risk factor screening and treatments which would save lives and money.

Their call was prompted by research from the British Cardiac Society and the European Society of Cardiology, which found that, for many coronary patients, treatment to reduce the risk of further heart attacks was often ineffective or even absent.

Six or more months after hospital admission, follow-up with almost 2,400 patients found that up to a quarter still had high blood pressure and three-quarters had high cholesterol levels. Up to 27 per cent of patients still smoked and 75 per cent remained overweight, women more so.

The British Cardiac Society

recommends the introduction of secondary prevention measures at all levels of coronary care from specialist cardiac centres to primary care. It believes that efficient identification and assessment of heart disease patients followed by appropriate drug therapy such as aspirin, beta-blockers, lipid lowering agents and ACE inhibitors, offer considerable potential to improve the UK's current heart disease rates. A report in the *British Medical Journal* concludes that cholesterol lowering with statins is too expensive for indiscriminate use in the NHS. It has been established that lowering cholesterol concentration is effective in primary and secondary prevention of coronary heart disease. However, treating all those who might benefit could cost an average health authority as much as £10 million annually.

Positive results from Zemaphyte phase III trial

Interim results from a phase III clinical trial of Zemaphyte Granules, a plant based treatment for eczema developed by Phytopharm, have been very positive.

Data was obtained from seven UK hospitals, involving 65 patients suffering from moderate to severe atopic eczema which was unresponsive to current therapies. After three months treatment with Zemaphyte Eczema Granules there were 'highly significant' reductions in both redness and surface damage. The product was well tolerated and no unexpected side effects occurred during the study period.

The multicentre study will monitor a total of 150 patients from ten UK hospitals and will be concluded later this year. Phytopharm anticipates submitting a Product Licence application for Zemaphyte in the UK shortly.

Dry skin sufferers favour the multiples

Only one in four people with problem skin make their first purchase of skincare products from an independent pharmacy, shows a survey carried out for Merck-Whitehall Dermatologicals. Six out of ten opt for a large chain for their first purchases.

Christina Harmes, product manager for Merck-Whitehall Dermatologicals, believes "many

independents do not fully appreciate the sales potential of Pharmacy and GSL medicated skincare products".

Although the survey revealed that one in five people have bought a product for the first time because they saw it on-shelf, Ms Harmes says: "Often these products are poorly merchandised and not afforded the

shelf space their profitability demands. Multiples, such as Boots, have looked to prominently merchandise and display GSL medicated skin care in one clear section".

A disappointing finding was that only one in ten people surveyed bought a product for the first time because it was recommended.

Minitran from Bayer

Bayer is distributing the Minitran glyceryl trinitrate patch under licence from 3M. The transparent, transdermal patch is indicated for the prophylaxis of angina pectoris, either alone or in combination with other anti-anginal therapy. Packs of 30 Minitran patches are available in 5mg, 10mg and 15mg doses at the basic NHS prices of £13.08, £14.49 and £15.98 respectively. **Bayer plc.** Tel: 01635 563000.

Neupogen Vial 30

Roche has improved the current formulation of Neupogen (filgrastim) Vial 30. From Batch B003, in mid-June, it will be formulated with sorbitol, which replaces mannitol. The advantage is that accidental exposure to freezing temperatures will not adversely affect the stability of Neupogen. However, current storage conditions (refrigerator at 2-8°C) still apply. Neupogen Vial 48 (1.6ml) has also changed to sorbitol but these packs will not be seen until August 1996.

Roche Products Ltd. Tel: 01707 366000.

Lactulose Dry

Solvay Healthcare has signed an agreement with Pharmax and its affiliate Tosara to co-promote its constipation remedy Lactulose Dry to community and district nurses, and to nursing homes. Solvay Healthcare will continue to promote it to general practice and hospitals.

Solvay Healthcare Ltd. Tel: 01703 472281.

Tegasorb on Tariff

The new 3M Tegasorb Hydrocolloid Advanced Formulation Dressing has been listed on the Drug Tariff from June 1. It is an improved version of the original dressing and features an additional two presentations: two square dressings (10cm x 10cm, £2.05 and 15cm x 15cm, £3.97). **3M Health Care Ltd.** Tel: 01509 237288.

Viazid from ICN

Britannia Pharmaceuticals advises that ICN Pharmaceuticals Inc has assumed total responsibility for Virazid (ribavirin) with immediate effect. **ICN Pharmaceuticals Inc – Western Europe.** Tel: 01494 444555.

TURN RED eyes into A *handsome PROFIT*



This is a *TALE of
princely PROFITS from
the RED eyes of HAYFEVER.*

With Hay-Crom Hay Fever Eye Drops your profit starts at a majestic **40%**, and grows and grows the more you order. Such attractive returns make Hay-Crom Hay Fever Eye Drops your first choice for OTC sales this summer. And that's not the end of the story.

The price of Hay-Crom Aqueous Eye Drops has come tumbling down to just **£4.40**. Now costing a full **£2.50 below** the originator's brand, they will surely leap to number 1 amongst prescribed sodium cromoglycate eye drops. Hay-Crom offers you sodium cromoglycate eye drops in both OTC and prescription forms from one manufacturer. So save yourself time and trouble by stocking up with Hay-Crom now.

Hay-Crom Aqueous Eye Drops
Sodium Cromoglycate 2% w/v Ph Eur 13.5ml

Hay-Crom Hay Fever Eye Drops
Sodium Cromoglycate 2% w/v Ph Eur 10 ml

Hay-CromTM Aqueous Eye Drops and Hay-CromTM Hay Fever Eye Drops containing Sodium Cromoglycate Ph Eur 2% w/v as the active ingredient, with benzalkonium chloride 0.01% w/v as preservative. Disodium Edetate BP 0.5% and Purified Water BP. Indications: POM: For the prophylaxis and treatment of acute and chronic conjunctivitis, including hayfever. P: For the treatment of acute (seasonal) allergic conjunctivitis, including hayfever. Dose: Adults, children and the elderly: One or two drops into each affected eye up to four times daily or as directed by the doctor. Contra-indications: Hypersensitivity to sodium cromoglycate, benzalkonium chloride or disodium edetate. Warning/Precautions: Since sodium cromoglycate is essentially prophylactic, patients should be advised not to discontinue using the eye drops unless advised to do so. The eye drops should not be used whilst wearing soft contact lenses, because of the preservative they contain. As with other ophthalmic preparations, patients should be advised to discard any solution remaining 28 days after opening. Hay-Crom Aqueous Eye Drops should only be used during pregnancy where clearly needed. Adverse effects: Following instillation of the drops, transient symptoms may occur. These may include blurring of vision, burning or stinging. Package quantity and cost: POM: Each bottle contains 13.5ml, £4.40, PL 0530/0356-P. Each bottle contains 10ml, £3.99, PL 0530/0356. Legal Category: Hay-Crom Aqueous Eye Drops: POM; Hay-Crom Hay Fever Eye Drops: P. Hay-Crom and Baker Norton are Trade Marks of Norton Healthcare Ltd. Further information can be obtained from: Norton Healthcare, Gemini House, Flex Meadow, Harlow, Essex, CM19 5TJ. Telephone 01279 426666. Prepared 02/95. Reference: 1. MIMS March 1996. NCHC0496/A4



**BAKER
NORTON**

*The biggest
customer
support?*

*You can
bet it's
Nicorette.*

To ensure your customers get the most from Nicorette and to maximise your business opportunity, we're offering you all the support your customers need. And with £3.8 million on TV, we're offering you all the customers you need, too. Get your free Smoking Cessation Support Packs to boost your sales this summer.

Call the Nicorette Help Desk free, on 0500 390114.

CONTAINS NICOTINE

NICORETTE®

Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes MK5 8PH.





NICORETTE®

UK's
Number One
selling gum.

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NICORETTE
Mint Plus

Helps you cope when you're

TENING UP.



I LIGHTING UP.

NICORETTE®

UK's
Number One
selling gum.

NICORETTE

30

Helps you cope when you're not to smoke.

ps you cope when you're
trying not to smoke

Smoking Cessation
Support Pack

With the compliments of your
community pharmacy

It's a nicotine-free
NICORETTE

A guide to
Overcoming
Stress
whilst giving up
smoking



Medi-Sol comes unstuck

Medi-Sol by Mykal removes adhesive from skin, hair and equipment.

It is a citrus based, non-toxic, non-irritating product (100ml, £2.49) that removes plasters, bandages, tar, grease, oil and blood stains.

Packed in outers of 12, Medi-Sol can also be used to remove ostomy appliances, TENs accessories and nitro patches, claims the company.

The liquid should be applied directly to the edge of the tape or appliance while pulling gently until completely separated from the skin. Remaining residue should be removed with soap and water.

The brand has gained distribution through Lloyds outlets from July 1. Pharmacists can go direct to Mykal for stockist enquiries.

Mykal Industries Ltd.
Tel: 01933 402822.

'Powerful' new look for Hill's Balsam

Windsor Healthcare is repositioning Hill's Balsam within the coughs and colds sector, emphasising the powerful formulations and heritage of the range. The company is spending \$1 million on the relaunch, which coincides with a new product launch and a reformulation.

The strapline on all packs, 'Powerful relief from cough since 1888', is backed by a colour-coded 'shield' image. The Hills logo is retained.

Windsor has also used the redesign as an opportunity to simplify the name and indication of usage of the products within the range. Hill's Balsam Adult Suppressant for Dry Tickly Coughs will now be known as Hill's Balsam Dry Cough Relief. Hill's Balsam



Expectorant, also flashed with 'maximum strength', is now Chesty Cough Liquid.

To coincide with the repositioning the company is adding a new product – Hill's Balsam Extra Strong 2 in 1 pastilles (45g, \$1.75). The pastilles combine an 'extra strong' menthol formulation with ipecacuanha, benzoin tincture and peppermint

oil, and help relieve the symptoms of nasal congestion.

Chesty Cough Liquid for Children has been reformulated with real orange oil and is now the only GSL, sugar-free product for chesty cough in children. It is suitable from birth to 12 years and does not make children drowsy.

Windsor Healthcare Ltd.
Tel: 01344 484448.

Mints take to the air

Ernest Jackson is supporting its recent launch of Mac Oral Spearmints with an advertising campaign on Talk Radio.

The sugar-free mint (\$0.49 for a 12-lozenge pack) will also be promoted through consumer sampling on request.

Ernest Jackson & Co Ltd.
Tel: 01363 772251.

Longer-lasting Savlon Dry Spray

Savlon Dry Spray will be available in a 150ml aerosol from mid-June.

The larger variant (£4.88), packed in outers of six, will cater for the increasing demand for professional use of povidone iodine dry powder spray.

The antiseptic spray is a suitable treatment for minor cuts, grazes, friction burns and abrasions.

Savlon Dry Spray will receive pharmacy and hospital distribution.

Zyma Healthcare.
Tel: 01306 742800.

Herbal insight from Bio-Health

Herbal medicine manufacturer Bio-Health is offering the British Herbal Compendium, worth \$45, to the first 100 pharmacists to stock its additive-free herbal range.

Many pharmacists say a lack of qualified scientific information on natural medicine renders them ill-equipped to recommend herbal products and stock them on their shelves.

The British Herbal Compendium Volume I is

an educational tool for pharmacists and health professionals alike.

Inside there are monographs giving constituents and therapeutic activity, along with regulatory status, references and guidelines from other EEC countries. Chemical structures, pharmacology and therapeutic indications are also set out, with information on adverse reactions.

Bio-Health Ltd.
Tel: 01634 290115.

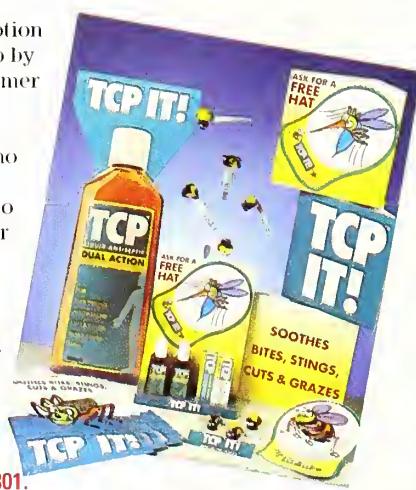
Pfizer Consumer Healthcare is investing \$200,000 in support of TCP this summer.

The promotion uses graphics with a 'TCP it' slogan and illustrations of insects. The POS material, includes a counter display for liquid antiseptic, first aid cream and ointment, which encourages consumers to ask for a TCP hat.

A window display, shelf reservers and carrier bags will also be available, along with TCP 'bugs'.

The promotion will be set up by Pfizer Consumer Healthcare territory managers who will visit pharmacies to place counter and window displays, supply hats, carrier bags and the shelf reserver.

Pfizer Consumer Healthcare.
Tel: 01420 84801.



Resolve tackles over-indulgence head-on

Smithkline Beecham kicks off a brand-new press advertising campaign to support its leading brand, Resolve (five sachets, £1.85 and 10, £3.09), this month to coincide with Euro '96.

The 'I Resolve' campaign is aimed at young males who are likely to over-indulge during the tournament.

The £400,000 of advertising will run in the sports pages of all major national titles next to match reports and results.

Smithkline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

TV launch for trial-size Nicotinell Gum

Zyma Healthcare is launching Nicotinell 2mg Gum in 12 piece trial-size packs, in mint and original flavours.

The trial packs (\$2.45 and available in outers of six) allow smokers to decide if nicotine gum is the right way for them to kick the habit.

During June a \$1.4million TV campaign will support the launch. The advertising emphasises the brand's 'smoke ring' TV advertising campaign.

Zyma Healthcare.
Tel: 01306 742800.

Canesten® AF

Clotrimazole BP 1%

Clinically proven to treat



Athlete's Foot

Cream 15g



Make
sure
you
don't
run
out.

With over twenty years experience in the Athlete's Foot market and a strong prescription background, who better than Canesten to make your sales grow? Canesten AF has striking new packaging and an active ingredient which together with a £500,000 advertising campaign and special introductory bonuses adds up to an excellent business opportunity. As you would expect from Bayer, it is only available through you, the pharmacist.

Advertising begins in June, so stock up now.

The news is people will be itching to get hold of it.

Always read the label. Contains Clotrimazole.

ABRIDGED PRESCRIBING INFORMATION: Presentation White cream containing 1.0% Clotrimazole BP. Uses Treatment of all fungal skin infections due to dermatophytes, yeasts, moulds and other fungi. These include athlete's foot, fungal nappy rash, candidal vulvitis and candidal balanitis. Dosage and Administration Apply thinly and evenly to the affected area two or three times daily and rub gently. Continue for at least one month for dermatophyte infections or for at least two weeks for candidal infections. Contra-indications Hypersensitivity to Clotrimazole. Side Effects Rarely local mild burning or irritation immediately after applying the cream. Hypersensitivity reactions may occur. Use in Pregnancy It is recommended that Clotrimazole should be used in pregnancy only when considered necessary by the clinician. Legal Category P. Package Quantities and Basic NHS Cost £1.82 per 15g tube. Product Licence Number PL00010/0016R. Further information available from: Bayer plc Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA Telephone: 01635 563 000. Date of preparation: April 1996. ® Registered trademark of Bayer AG. Bayer and  are trademarks of Bayer AG.

Fresh new look for Cutex

Cutex has relaunched its nail polish remover brand with four improved formulations in new fragrances.

Moisture Guard 100ml (£1.29) and 200ml (£1.79) has a lemon fragrance and protects nails against drying and breaking.

Nourishing with Vaseline Intensive Care Formula 100ml (£1.29) and 200ml (£1.79) has a subtle vanilla fragrance and helps to protect dry and flaky nails, while the inclusion of glycerin moisturises and prevents over-drying.

Strengthening with Protein & Vitamin B5 100ml (£1.29) has a floral fragrance and has been reformulated to improve nail strength and condition.

Acetone Free 100ml (£1.29) is fragrance-free and has a formulation suitable for all nail types, in particular those prone to sensitive skin around the nail. The range will be available nationwide from July.

As a safety measure, Bitrex, an extremely bitter ingredient, has been added to all the new formulations to discourage children accidentally swallowing the liquid.

Rimmel International Ltd.
Tel: 01233 625076.

Rerepackaging gives Seton head start

Seton Healthcare is repackaging its headline treatment range.

Full Marks, Prioderm, Derbac M and Suleo M now feature the same 'family' design, giving the range greater shelf presence.

The new packs are clearly designed and indicate the brand, format (lotion or liquid) and the active ingredient of each product, to assist pharmacists with easy recommendation of



the product.

Packs come with clear instructions and indicate the number of heads each treats.

Soap-free cleansing from Vichy

Vichy has a new soap-free Dermatological Cleansing Bar. It is a syndet which forms a washing base from synthetic anionic surfactants, for their lathering and cleansing properties, with hydrogenated oils to deliver softness and fatty acids for a neutral pH of

between 5.5 and 7.

Available from July (100g, £2.95), the cleansing bar has a light fragrance and is suitable for all skin types. Its combination of glycerin and sweet almond protein combine to nourish and hydrate the skin.

Cosmetique Active (UK) Ltd. Tel: 01235 526747.

Roc's longer-lasting moisturiser

Skin care expert Roc has developed a new 'advanced' hydration formula. Hydra+ Reservoir (40ml, £11.75) claims to fight dehydration for a full 24 hours and contains active ingredients malic acid ester (a non-irritant that improves the skin's moisturisation), linoleic acid, sun filters and vitamin E.

A national marketing campaign to support Hydra+ Reservoir will run throughout 1996, with advertising appearing in women's magazines and weekend supplements, PR focusing on national, regional and women's interest media and an introductory consumer promotion.

Johnson & Johnson Ltd.
Tel: 01628 822222.

Word of mouth guide from Rinstead

Schering-Plough is encouraging sales of Rinstead, the treatment range for mouth ulcers, with a free guide on how to keep problems at bay.

Detailed within the guide are tips on preventing gum disease, tooth decay and mouth ulcers using correct oral hygiene. Also noted are the benefits of choosing the correct toothbrush and regular flossing.

Free copies of the leaflet, 'The Rinstead guide to a happy, healthy mouth', are available by telephoning

Schering-Plough on 01707 363739 or by sending an SAE (7x10in)

to: Rinstead Guide, PO Box 193, Nottingham NG3 2HA.

Schering-Plough Ltd.
Tel: 01707 363636.



Elastoplast campaign kicks off in Ultra style!

Smith & Nephew kicks off with a £250,000 press campaign this week for Elastoplast Ultra plasters.

Advertising will appear in weekend newspaper supplements and leading women's magazines throughout the summer months. The new visuals for the campaign emphasise that Elastoplast Ultra is 100 per cent waterproof and bacteria-proof.

The campaign highlights product modifications, new prices and pack sizes following last year's launch. A mountain biker, swimmer and a female racing car mechanic push the message that Elastoplast provides wound care in a tough environment.

The plaster market is valued at over £30 million per year and growing at 7 per cent year on year.

Elastoplast has 48 per cent market share.

Smith & Nephew Healthcare Ltd.

Tel: 01482 222200.

ON TV NEXT WEEK

Andrews: All areas

Bazuka: C, CAR

Beconase Hayfever: ITV, C4, C, A, HTV

Centrum: C4

Colgate Palmolive Soft & Gentle: All areas

Gentle Touch: All areas

Gillette Series Pacific Light: All areas

Ibuleve: C4

Macleans Bicarbonate of Soda toothpaste: All areas

Otex: C4

Pepcid AC: U, STV, B, G, C, HTV, W, LWT, TT

Predictor: CAR, GMTV

The Wrigley Company/Sugar Free Brands: All areas

Topedo: B, G, Y, TT, C4

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

A PRACTICAL PROTOCOL

PHARMACY PROTOCOL FOR THE OTC TREATMENT OF HEARTBURN AND DYSPEPSIA

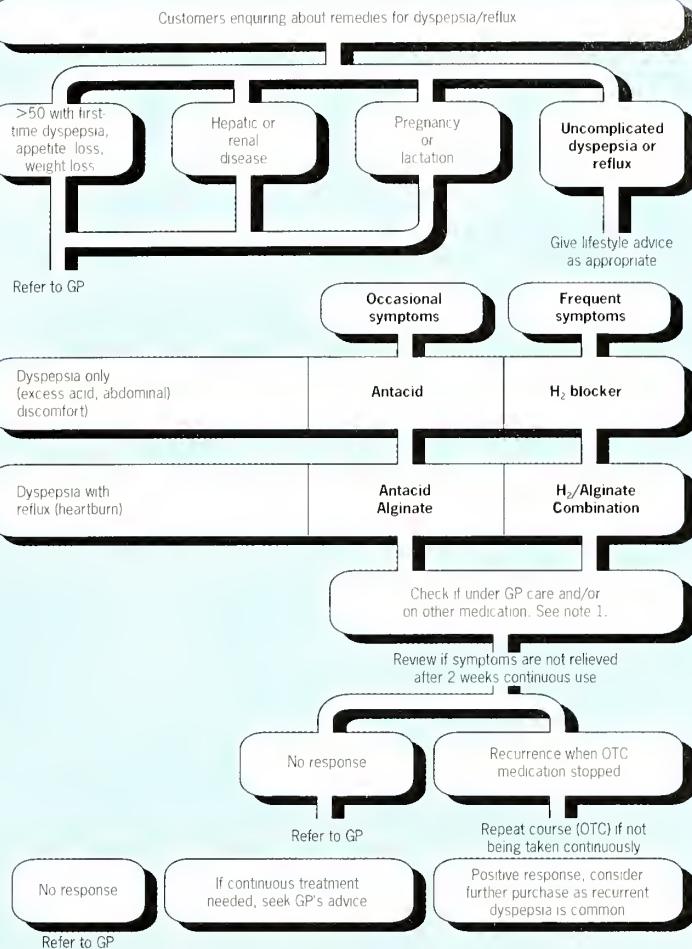
Using the 2WHAM approach

Who is the medicine for?
What are the symptoms?

How long has the
person had the
symptoms?

Action already taken?

Medicines being taken
for other problems?



Note 1. In all cases, check if patient is currently taking other medications, especially if under direction from the GP. Some antacids are contraindicated for use with tetracyclines and anticoagulants, and all H₂ blockers are not recommended OTC to patients who are on other medications.

With over 14 million sufferers of reflux and dyspepsia in the UK, this new pharmacy protocol has been written by Professor Duncan Colin-Jones and Dr Jeremy Barnes as a service to pharmacists.

For the treatment of heartburn, it is significant to note that Tagamet Dual Action Liquid is the **only** liquid H₂ antagonist/alginate combination available OTC. Providing fast-acting, long-lasting relief, Tagamet Dual Action Liquid is appropriate first line therapy for heartburn sufferers.

**For further information
and a full copy of the
Protocol, Freephone
the OTC Tagamet
Information Line –
0500 100 222**

RECOMMEND

Tagamet

DUAL ACTION LIQUID
sodium alginate/cimetidine

ECLIPSES EXISTING RAFTING AGENTS

Tagamet Dual Action Liquid. Product Information: Presentation. A white suspension with an odour of fruit and mint containing 500 mg sodium alginate B.P.C. and 200 mg cimetidine per 10 ml dose. **Use.** Short term symptomatic relief of heartburn, associated with acid regurgitation, especially if provoked by bending over or lying supine. **Dosage and administration:** Adults (incl. the elderly), children 16 years and over. 10 ml suspension when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose (10 ml) may be taken, but no more than 2 doses in any 4 hours and no more than 4 doses in any 24 hours. Treatment should not be continued for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. Not to be given to children under 16 years of age. **Contraindications.** Hypersensitivity to cimetidine or any of the other constituents. **Precautions.** Not recommended in patients with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with compromised bone marrow; in pregnancy and lactation. Use only on a doctor's advice in patients: with any other illness, using any

medication, under medical supervision for other reasons, with a history of peptic ulcer who are now using NSAIDS especially the elderly. Contains 66 mg sodium per 10 ml dose and this should be included in the daily allowance of patients on sodium restricted diets. **Adverse reactions.** Diarrhoea, dizziness, rash, tiredness, Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, hepatitis, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heartblock, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number** 0002/0232. **Retail price** (200 ml) £4.99. **Legal category** P. **Date of preparation** 8 June 1995.

SmithKline Beecham Consumer Healthcare,
SB House, Brentford, Middlesex, TW8 9BD.
Telephone number 0181 560 5151.
'Tagamet' is a trademark.

SB **SmithKline Beecham**
Consumer Healthcare



Cannon Babysafe goes on Safari

Safari, from Cannon Babysafe, is a new line in feeding bottles and trainer cups.

Designed with colourful images of mother and baby jungle animals, the 250ml bottles are sealed with a clear silicone teat and are available singly or in a twin pack (single £1.89, twin pack £3.49).

There are six training cup variants with a choice of hard or soft teats and a lid which seals the spout to

prevent leaking. The beaker has removable handles and trainer spout,



and can be used on its own as the child grows older.

There are six variants;

first training cup with soft spout (175ml, £2.29), first training cup with hard spout (175ml, £2.39), first travel

training cup with soft spout (175ml, £2.59), training cup with soft spout (225ml, £2.49), training cup with hard spout (225ml, £2.59) and travel training cup with hard spout (225ml, £2.79).

Cannon Rubber Ltd.
Tel: 01787 267000.

Aquafresh flashes a flavour change

Smithkline Beecham has reformulated its Aquafresh Bicarbonate of Soda toothpaste to give it a Fresh 'n' Minty flavour.

The new taste will be flashed on packs to give shelf standout and is designed to further drive sales of the brand.

Consumer research suggests 52 per cent of consumers are more likely to purchase the new flavour.

New packs are available nationally (50ml tube, £0.95p and 100ml pump, £2.09).

Smithkline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Wash & Go for TV relaunch!

Proctor & Gamble is investing over \$12 million to support the relaunch of Wash & Go, Britain's best-selling two in one shampoo.

The relaunch includes TV announcements in July and August, with a follow-up to the 'Backpackers' advertisement, press advertising, national sampling to 30 per cent

of UK households (6.5 million people) and a PR campaign.

The new Wash & Go advert will have a 70 per cent national press reach, in-store support and will offer consumers a 'Great hair - no fuss or your money back' guarantee.

With new pack designs and sizes currently being rolled out, Wash & Go

remains available in variants to suit all hair types: normal, greasy or fine and dry/permmed/damaged hair (250ml, £1.99 and 400ml, £2.99). Great for kids and dandruff control are available only in 250ml packs at £1.99 and £2.29 respectively.

Proctor & Gamble (Cosmetic & Fragrances) Ltd. Tel: 01932 896000.

Christy facemask range facelift

combination/oily.

Each multipack includes one herbal, aromatic, marine and natural sachet.

This exclusive promotion is available through independent pharmacies.

Network Management Ltd. Tel: 01252 351118.

Commencing in July, for a three-month period, the Christy facemask range will be offered in colour-coded multipack cartons.

The three collections, each comprising four sachets (£2.99), will be offered to cater for all skin types: normal, dry/sensitive or

Colgate's message for 'little menaces'

Colgate-Palmolive is investing \$1 million in a marketing campaign running until the end of June to promote Colgate Triple Cool Stripe Gel toothpaste.

Cartoon character Dennis the Menace has been chosen to promote the brand, with the message that the toothpaste offers protection "for little menaces".

A door to door leaflet drop this month with a money-off coupon will target 1.6 million homes of families with children.

Promotional

activity in the press will offer readers a striped washbag containing a Dennis the Menace mug, a tube of Triple Cool Stripe Gel and a Colgate Superstar toothbrush.

Colgate-Palmolive Ltd.

Tel: 01483 302222.



BLISS for babies

Calpol and the National Pharmaceutical Association have teamed up with BLISS (Baby Life Support Systems) to raise £100,000.

The '£ for lb' campaign will raise money to buy equipment for Britain's 260 special care baby units to help premature babies gain weight.

Warner Wellcome representatives have

started distributing 4,000 collecting tins to pharmacies and will be asking them to display '£ for lb' posters in time for the national launch on July 3.

Any pharmacist who would like to be involved, but has not been visited by a WW representative, should contact their representative, or the NPA on 01727 858687.

Oral advice

Colgate-Palmolive has teamed up with Cow & Gate to offer advice to parents on caring for their baby's teeth. The company is mailing 150,000 mothers of six-month-old children with its 'Looking after your teeth' booklet.

Colgate-Palmolive Ltd.

Tel: 01483 302222.

Holiday healthcare

Unichem is promoting holiday healthcare in June and encouraging consumers to turn to their pharmacists for advice on health issues before travelling abroad. Special offers and discounts on products for Unichem's trade customers and consumers will be available.

Unichem plc.

Tel: 0181 391 2323.

Brand-new Complan

Complan is unveiling a £1 million relaunch package and adding two new varieties: Peach and Raspberry, and Vegetable. The campaign will include advertising in the women's press starting the second week of June, sampling activity and consumer promotions.

H J Heinz Co Ltd.

Tel: 0181 848 2193.

Matey's success

Sara Lee is relaunching the Matey children's bath liquid in July, with £500,000 being spent on a national TV advertising campaign which will run from August until September. Three new characters are being introduced to the range: Sparkle, Ali Bubble and Snorky. Sailor, the original Matey figure, has been redesigned.

Sara Lee UK Ltd.

Tel: 01753 523971.

New Bioforce

Swiss healthcare company Bioforce has launched four products in its new Viola skin care range. New products include Viola Cleansing Milk (150ml, £8.65), Viola Facial Lotion (150ml, £8.65), Viola Day Cream (50ml, £8.99) and Viola Night Cream (£8.99).

Bioforce UK Ltd.

Tel: 01563 851177.

Why 9 out of 10 condom users choose Durex



choose Durex



The quality of Durex condoms stands alone. Each and every pack not only carries the BSI Kitemark and the European CE mark, but also the unique Durex Seal of Quality which guarantees the highest possible standards of manufacture

Over nine out of ten condom users in the UK select Durex as their number one choice over all other condom brands.

It is no coincidence that the Durex brand is also the preferred choice for the overwhelming majority of health care professionals in this country. It is the brand that they trust, and that they know they can recommend with confidence.

As the world's longest established condom brand, Durex has a reputation for quality going back over 60 years. However it has never rested on its laurels.

The large research and development department of its British based manufacturer, London International Group, has long been regarded as the UK's most important centre of thin film barrier technology. Here, British scientists and researchers lead the world.

The most recent developments have led to a

relaunch of the Durex brand range which has accentuated its superiority over all its international rivals.

This relaunch followed the most wide-reaching communication with condom users throughout the country to find out exactly what they would most like to see in a quality condom range, and then to provide it. No other condom manufacturer takes such care.

There are other brands available in this country, and abroad, but not one of them can meet the depth of experience, commitment and overall high standards of quality that go into the manufacture of Durex condoms.

Durex knows what consumers want and how they want to feel. So it is not surprising that nine out of ten condom users choose Durex.



With Clarityn Allergy, hayfever sufferers get what they want; relief from symptoms within minutes¹ – nothing works faster! What's more they'll stay alert throughout the day² and be sure of a full 24 hours relief³ from a single tablet.

With Clarityn Allergy you get all the peace of mind you need. Clarityn Allergy has two metabolic pathways⁴ so there are no clinically relevant drug interactions.^{5,6,7}

Equally important, Clarityn Allergy does not potentiate the effects of alcohol.⁸

Last but not least, there's a brilliant new deal for you and your customers in 1996 – an unbeatable 35% POR on both Clarityn Allergy and Clariteyes, and a new 7 tablet pack for the same retail price as last year's 5 tablet pack.



Product Information

Clarityn Allergy: Clarityn Allergy tablets contain 10mg loratadine. **Indications:** For the relief of symptoms associated with hayfever, allergic rhinitis and urticaria. **Dosage:** Adults and children aged 12 and over: One tablet once daily. **Contra-indications, precautions:** Hypersensitivity. Pregnancy and lactation. **Side-effects:** Rarely, fatigue, nausea and headache. **Pack size:** Cartons of 7 tablets. **Retail price:** £3.95. **Legal category:** P. **Product licence number:** 0201/0175. **Product licence holder:** Schering-Plough Ltd, Welwyn Garden City AL7 1TW. Date of last revision: August 1994.

Clariteyes: Clariteyes Eye Drops contain sodium cromoglycate 0.5% w/v. **Indications:** For the treatment of acute seasonal (allergic) conjunctivitis including hayfever. **Dosage:** Adults, children and the elderly: One or two drops into each affected eye up to four times daily. **Contra-indications, precautions:** Hypersensitivity. **Side-effects:** Transient blurring of vision, burning, stinging may occur. **Pack size:** 10ml. **Retail price:** £3.95. **Legal category:** P. **Product licence number:** 0201/0191. **Product licence holder:** Schering-Plough Ltd, Welwyn Garden City AL7 1TW. **Manufacturer:** Waverley Pharmaceutical Ltd, Runcorn, Cheshire WA7 1QE. Date of preparation: January 1994. Prices correct at the time of going to press.

References: 1. Soto Roman L. Today's Ther. Trends. 1988; 6: 19-27. 2. Betts T. et al. Proc. XIIth Int. Congr. Allergol. and Clin. Immunol. Montreux 1988; 74-79. 3. Banov C. J. Int. Med. Res. 1989; 17: 350-356. 4. Hey S.A. et al. J. All. Clin. Immunol. January 1994. 5. Afrizine M.J. et al. J. All. Clin. Immunol., 1993; 91(1): 259. 6. Data on file, Schering-Plough. 7. Data on file, Janssen Research Foundation, February 1993. 8. Moser L, Flumün H, Bueckman M. Eur. Acad. of Allerol and Clin. Immunol., Budapest, May 1986; Abstract.



This module covers hayfever treatments, antiseptics and dressings for use on minor wounds, and coping with emergencies.

In this month's Pharmacist's Briefing reference icons are used as follows:



Information



Symptoms



Treatment



Advice



Refer to pharmacist



Refer to BNF



Refer to doctor or specialist

A similar set of icons is used in the assistants' module.

HAYFEVER

 Hayfever is an allergy to pollen, typically due to grass pollen which is prevalent in June and July. Tree pollens may cause problems in April and May, while fungal spores may be responsible as late as October.

 Frequent sneezing; runny or blocked nose; itchy, runny, red eyes; itchy palate and throat; dry cough and/or wheeze (pollen asthma).

Most people will know from past experience that they suffer from hayfever, but if they are not sure you could ask:

■ **When did you first experience the symptoms?**

Hayfever usually first appears between the ages of 15 and 25, and often improves with time.

■ **When do the symptoms occur?**

Most sufferers experience symptoms between April and September, with a peak from May to July in the south and about a month later in the north.

■ **Is it worse on sunny or rainy days?**

Unlike a cold, hayfever depends on the weather and is worse on warm sunny days when the pollen count tends to be higher.

■ **How long have you had the symptoms?**

Hayfever tends to come and go over a couple of months. A cold would clear up in a few days. Someone suffering permanent "cold" symptoms all year round may have perennial allergic rhinitis, often caused by sensitivity to the house dust mite or a family pet.

This is the final module in a series of briefings designed to accompany the Cambridge Counterpart Pharmacy Assistant Development Programme, provided free to C&D subscribers.

This back-up for pharmacists will enable you to keep one step ahead, so that you will know at what stage assistants are advised to refer to you and the possible action you might take.

This module looks at hayfever and first aid.

1. Antihistamines

 Antihistamines are the treatment of choice for mild hayfever and can be used with anti-inflammatory sprays in more severe conditions. They act rapidly and work well in relieving runny nose, sneezing, and runny and itchy eyes, although they seem to be less effective at reducing nasal congestion. They are best taken when high pollen levels are expected rather than once symptoms have started. Sedating antihistamines are azatadine (although this is less sedative than the older compounds), brompheniramine, chlorpheniramine, clemastine, phenindamine, pheniramine, promethazine and triprolidine. They may also have anticholinergic effects such as dry mouth. Non-sedating antihistamines are astemizole, ceterizine, loratadine and terfenadine, although they may cause drowsiness in some people and excess alcohol should be avoided. Astemizole takes longer to act than the others but the effects last longer. Astemizole and terfenadine have been associated with cardiac arrhythmias at high doses or as a result of drug interactions (see later).

2. Anti-inflammatory nasal sprays

Corticosteroids and sodium cromoglycate are for regular daily use throughout the season and are particularly recommended for people who have moderate to severe hayfever. They are most effective if started a week or so before symptoms are expected. If used once symptoms have appeared they may take a few days to reach full effect.

 They are effective against congestion as well as other nasal symptoms but do not relieve eye symptoms, although sodium cromoglycate is available as eye drops. Sodium cromoglycate has to be used more often than steroids.

3. Decongestants

Decongestant drops or sprays can be used occasionally when antihistamines fail to relieve a blocked nose. They act quickly but prolonged use carries a risk of rebound congestion. One sodium cromoglycate spray contains a decongestant which is believed to be in a sufficiently small dose not to cause problems. Oral sympathomimetics should not be recommended for people with high blood pressure or those taking MAOIs or tricyclic antidepressants (see Coughs and colds Module 6). Asthmatics should take ephedrine only on a doctor's advice.

4. Eye drops

Eye drops containing antihistamines and vasoconstrictors may be used occasionally if eye symptoms are not adequately controlled by oral antihistamines.

Sodium cromoglycate eye drops are most effective when used prophylactically.

Eye drops containing preservatives such as benzalkonium chloride must not be used while wearing soft contact lenses.

Possible new products

At the time of going to press, azelastine (antihistamine) and budesonide (corticosteroid) nasal sprays were going through the POM to P procedure and were expected to become available OTC.

Advice:

Some hints are given for reducing contact with pollen.

Assistants are advised to refer to the pharmacist:

- If OTC treatments do not work; very

severe symptoms. Check compliance with medication, particularly that used prophylactically. Refer to GP if still cause for concern.

■ **If eyes are badly affected or there is a sticky yellow discharge; if the ears or sinuses are painful.** Possibility of secondary infection. Refer.

■ **Coughing, wheezing or shortness of breath.** Possibility of asthma. Refer immediately.

■ **Pregnant or breast-feeding women.** Antihistamines and anti-inflammatory nasal sprays should not be used in pregnancy or during breast-feeding. Women of child-bearing potential should use contraception while taking astemizole and should continue contraception for several weeks afterwards to allow for complete elimination of the drug.

■ **Children under 12.** Nasal corticosteroids and some of the newer antihistamines should not be given to children under 12. Reduced doses of chlorpheniramine, clemastine, promethazine and terfenadine may be used (see packs). Sodium cromoglycate is suitable for children over five.

■ **If symptoms occur all year round.** Possibility of perennial allergic rhinitis. Refer.

■ **Customers taking other medicines.** Astemizole and terfenadine should not be taken at the same time as other antihistamines, oral ketoconazole, itraconazole, erythromycin, sotalol, drugs with the potential to cause arrhythmias or those, such as diuretics, which may cause electrolyte imbalance. They should not be used in patients with significant liver disease or those who already have a prolonged QT interval. Patients should be warned not to exceed the stated dose. Vasoconstrictor eye drops should be avoided in glaucoma and antihistamines are not advisable. The sedating antihistamines may increase the anticholinergic effects of tricyclic antidepressants and neuroleptics.

See BNF for more details on interactions.

**FIRST AID**

The difference between antiseptics and disinfectants is explained. The word antiseptic is usually

used when referring to a chemical which kills or inhibits micro-organisms on the skin or other body tissues. Disinfectants are usually more concentrated and are used to prevent the spread of micro-organisms on non-living surfaces, but some can be used diluted on the skin.

**Minor wounds**

The wound should be rinsed lightly with running water and the surrounding area

cleaned with soap and water. Small pieces of grit or glass can be picked off, leaving any foreign bodies which are embedded. Do not use antiseptics if the patient is being referred to a doctor. Otherwise an antiseptic cream, ointment or liquid may be applied sparingly.

Some basic dressings are described and assistants advised to make themselves familiar with the different types of adhesive plasters and tapes on sale in the pharmacy. The uses of different bandages – retention, support and compression are described.

Some basic contents of domestic first aid kits are suggested and assistants told about the need for employers to have first aid kits with contents specified in Health and Safety Regulations.



Assistants are advised to refer to the pharmacist:

- **Severe wounds; those in which objects are embedded; if the bleeding does not stop**



Refer to GP or hospital emergency department.

- **Wounds producing pus.** Antibiotics may be needed. Refer to GP

EMERGENCY FIRST AID

Pharmacies are often the first port of call in an emergency.

Assistants are advised to find out if there is a first aid policy in their pharmacy.

Some basic life-saving techniques are described, starting with the ABC of resuscitation for the unconscious casualty, that is, check the Airways, Breathing and Circulation. Artificial ventilation and cardiac massage are briefly explained, together with the importance of placing an unconscious person in the recovery position.

Other first aid measures included are:

- Dealing with severe bleeding, burns, shock, choking, epileptic fits, fainting, fractures, heart attack and poisoning.

UPDATE

Since Module 4 Skills was published, men aged 60 years and over have become exempt from NHS prescription charges as well as women aged 60 and over. The charge per item has increased to £5.50 and prepayment certificates are £28.50 for four months, £78.40 for 12 months. All patients must now sign the back of the prescription form, whether or not they have to pay.

Pharmacists whose assistants are just embarking on the Counterpart Pharmacy Assistant Development Programme should make these changes on their copies of Module 4 Skills 2: Handling prescriptions.

Pharmacists should also draw participants' attention to the redesigned FP10s when they are phased in from July (C&D, April 27).

In Module 11.9 Thrush, the section on oral treatment should have read: "Fluconazole is absorbed within a couple of hours and improvement is usually felt within 24 hours."

PHARMACYupdate

Discharge planning

The smooth transition of patients from hospital to community is investigated /

Discharge planning is about the smooth transition of patients from hospital to community. It has been defined as "a systematic, multidisciplinary process by which the needs and resources of in-patients and their carers are assessed to enable comprehensive discharge preparation and the arrangement of appropriate community support and services on discharge from hospital" ¹.

Discharge planning should also ensure that the patient achieves maximum independence at home.

The need for efficient discharge has received increasing attention from purchasers and providers for the following reasons.

● Legislation

The NHS and Community Care Act 1990 stressed the

Drug interactions II

The concluding article looks at the outcomes of drug interactions //



Research Digest

Study advocates the use of minocycline in acne despite adverse reactions VII

Over and out

Discharge planning is receiving its fair share of attention from purchasers and providers, fuelled by NHS reforms and an ageing population. Gail McPherson, South Thames principal pharmacist for education and training, based at Southlands Hospital, outlines how principles can be put into practice



Table 1:
contribution of the pharmacist to discharge planning

Hospital and community pharmacists

- Identification of patients at risk of non-compliance post-discharge
- Counselling patients on the use of their medication
- Recommending alternative drugs, dosage regimes, formulations or administration devices where appropriate
- Liaison with district nurses, social services, health visitors regarding the administration and monitoring of drug therapy

Hospital pharmacists

- Timely discharge through the writing and supply of discharge medication
- Liaison with community pharmacists to ensure adequate monitoring of drug therapy, continuity of prescribed drugs for a suitable duration, availability of compliance aids

Community pharmacists

- Liaison with hospital pharmacists regarding drugs on admission to hospital

importance of continuity of health and social care across the primary/secondary care interface, and the need to consider patient choice in this process. The implementation of the Act was integral to the development of hospital discharge procedures which outlined the roles of the various members of the healthcare team.

More recently, the introduction of eligibility criteria for continuing health care² has sought to clarify the responsibilities of health and social services in providing long-term patient care. A key feature of this is the requirement for an agreed and clearly documented multidisciplinary care plan which outlines the patient's needs post-discharge.

● NHS reforms

Equally important has been

the move towards a primary care-led NHS which has resulted in an increasing amount of care being delivered by community health services. This includes the provision of domiciliary care not only for chronic but also more acute illnesses. Examples include 'Hospital at Home' schemes where patients receive rehabilitation in the home environment, as well as complex packages of care such as home intravenous therapy.

● Population demographics

The population distribution of people aged over 65 years is increasing, resulting in higher levels of dependency in the community.

Key principles

The key to efficient discharge planning is team work.

Effective multidisciplinary

teams need to be created that are also capable of working across the primary/secondary care interface. The need for such teams has been recognised, but to be effective they require management support and adequate education and training. On this basis, multidisciplinary training has been advocated and the new Education and Purchasing consortia hold this high on their agenda.

The pharmacist has a vital role to play within the team in advising patients, carers and health and social care workers on the cost-effective use of medicines. A recent study conducted by Tierney et al³ showed that 17 per cent of patients experienced problems with their medication post-discharge.

Continued on PII ➤

(See Table 1 for key areas of function for pharmacists.)

Communication skill

Successful interaction requires good communication skills. These include the ability to listen, question, and impart information in a clear and concise manner, avoiding the use of jargon. As a result, communication skills often feature on the undergraduate curriculum and in continuing education programmes.

Pharmacists should use these skills to provide the patient with comprehensive counselling about the indications for their medicines, how and when to take them and the likelihood of side-effects or interactions.

They should also ensure that the drug has been prescribed in a formulation or device which the patient can manage at home. There are many compliance aids available, including monitored dosage systems, large labels, screw top caps and various inhaler devices.

Furthermore, they should determine that the dosage regimen suits the patient's lifestyle. If it does not, the probability of non-compliance is increased and we must therefore question the benefits of prescribing at all. In these sorts of situations pharmacists can help identify problems and solutions.

Team work

This includes working in a team within the profession, as well as with other healthcare professionals.

Intra-professional

It is essential that hospital and community pharmacists endeavour to work together and share information about patients. Patients admitted to hospital often have drug therapy stopped or changed and it is the responsibility of the hospital pharmacist to advise the primary care team, thereby ensuring continuity of care following discharge.

They can also help to ensure that old drugs are not reintroduced and that any compliance aids commenced in hospital will be supplied in the community. Often this liaison is not straightforward as not all community pharmacies are equipped to provide such devices.

This process can be facilitated by the production of accessible information regarding the facilities on offer by local pharmacies.

The most common method

of transferring information from hospital to community pharmacist regarding discharge medication is via the telephone or written transfer forms. A number of these forms have been developed, including one recommended by the Royal Pharmaceutical Society. Other systems of information transfer have been suggested using computer links, but the long-standing debate on data protection has limited development.

Another possible innovation for the future would be the use of 'smart cards' or patient-held records. This would overcome the observed problem that patients often do not attend their regular community pharmacist in the immediate period following discharge.

Conversely, community pharmacists can reduce the number of pharmaceutical complications arising from discharge from primary into secondary care by providing drug histories for patients admitted to hospital.

Working together

An effective team is one which works together to provide the best level of care for the patient. This is not as simple as it sounds: there are many barriers to multidisciplinary team working within healthcare, such as a lack of recognition of each other's roles, poor communication systems,

differences in priorities and hierarchical beliefs.

In order to overcome these, a change in culture is required. This can be promoted by organisational support for inter-professional team approaches and multidisciplinary training. The range of professional groups that pharmacists can interact with are in Table 2.

Discharge in practice

The need for discharge planning is well established, but pharmacists will have to change the emphasis of their practice. This is not easily done as the additional time required for counselling and liaison with others will often require additional resources.

Some hospital pharmacies have secured monies for this purpose through the creation of directorate-funded discharge planning pharmacists. The role of these individuals is to provide the quality benefits described above, as well as to prevent delayed discharges through the writing of discharge prescriptions. This approach has been very successful as managers are attracted by the positive effects on reducing 'blocked beds' and thereby trolley waits and waiting lists.

In primary care accessing additional resources is more difficult because the current methods of remuneration are based upon the number of dispensed items rather than the services provided.

In view of the financial

constraints, it would be prudent for pharmacists to concentrate their efforts on patients identified as being at risk. These can be defined as those being discharged to a home environment rather than nursing or residential care. Other risk factors include those with a history of non-compliance, polypharmacy and those requiring complex care packages in the community.

In order to facilitate patient prioritisation, the use of a discharge checklist is advocated. A copy of this should be made available to other members of the team.

Pharmacists should strive to develop partnerships with other healthcare professionals at all times.

Within the hospital environment, discharge groups exist to facilitate this process. At ward level, multidisciplinary team meetings are often held to plan patient care post-discharge; these are most prominent for high-risk patient groups such as the elderly. However, the development of these groups is expected to extend to other patients with the introduction of eligibility criteria for continuing healthcare.

For community pharmacists, multidisciplinary working tends to use the GP practice as the focal point and contacts may be best initiated from there.

The introduction of joint working and establishment of policies between hospitals and community pharmacists is hampered by the ratio of community to hospital pharmacists. In this instance, pharmaceutical advisers have a valuable role to play in acting as a representative for those in primary care.

Continued investment in discharge planning will be forthcoming only if there is firm evidence to support its worth. Pharmacists are advised to participate in multi- and uniprofessional practice research to prove this benefit through effects on discharge delays, re-admissions and patient satisfaction.

References

- 1 Tierney et al, Discharge planning for elderly people going home from hospital. Nursing Research Unit, University of Edinburgh 1993.
- 2 DoH (1995) NHS responsibilities for meeting continuing health care needs. Health Service Guidance (95)8.
- 3 Tierney et al, Older patients' experiences of discharge from hospital. *Nursing Times* 1994;90:36-9.

Table 2: pharmacist interaction with other professional groups

| Professional group | Interaction |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community nurses | Advice regarding administration of medicines and monitoring of compliance Receiving information about home environment and previous problems with medication Training nursing staff |
| Social | Advice regarding monitoring of compliance Receiving information about home environment and problems with medications Training of social workers and care staff |
| GPs | Provision of information regarding non-compliance, monitoring and duration of drug therapy Information about changes to drugs on admission and indications for drugs on discharge Receiving drug histories and identification of non-compliance |
| Occupational therapists | Receiving information about disabilities likely to lead to non-compliance |
| Dietician | Providing information about administration of drugs Receiving information about methods of feeding/nutritional state |

Interactions revisited

In the follow-up article on drug interactions, Darrell Baker, senior pharmacist and teacher-practitioner based at the University Hospital of Wales, assesses the potential for some drugs to interact and looks at ways of dealing with the consequences of such reactions and minimising harm to the patient

Recognising problem drugs and identifying at-risk patients are the first steps of managing drug interactions. Once these are established, the pharmacist can then consider the predictability of these interactions, the consequences of problem drug combinations and the various courses of action that could be taken to reduce harm to the patient.

Predictability

The effects of a combination of potentially interacting drugs are never totally predictable and some are totally idiosyncratic. The same pair of drugs can produce no adverse affects in one patient and a life-threatening reaction in another.

Extrapolation of an interaction from one member of a drug class to others is sometimes appropriate, eg thiazides, where the group is relatively homogeneous. However, for other groups, the pharmacokinetic and pharmacologic effects differ, eg H2-antagonists and fluoroquinolones vary in their ability to inhibit hepatic drug metabolism.

It is not uncommon for individual prescribers to under- or over-estimate the clinical importance of specific drug interactions, since such assessments are often based largely on clinical experience in using a particular drug combination.

Under-estimation appears to be more common because most of the patients who receive potentially interacting drugs do not develop observable adverse consequences.

The role of the pharmacist in relation to drug interactions is to anticipate them and avoid patient harm, and to recognise them early if they occur.

It is important to assess risk before taking action, as unnecessary precaution may lead to:

- discontinuation of one or more drugs that are important in the patient's treatment



- an unnecessary increase or decrease in a drug dose resulting in an excessive or inadequate response to that drug
- the inconvenience and expense of more frequent medical visits or tests to monitor the potential interaction
- a lack of patient confidence in the prescriber.

The clinical outcome of most drug interactions is highly situational. Qualifying information about the patient in question is needed, eg current digoxin levels, how well hypertension is being controlled.

The community pharmacist rarely has direct access to this information and therefore must liaise with the prescriber. Hospital practice has the advantage of the pharmacist having access to more details about the patient before deciding to contact the prescriber.

Assessing potential

A practical approach to assessing potential drug



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 19), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JULY 13, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To assess the potential for drugs to interact
- To understand the consequences of interactions
- To look at ways of dealing with unwanted drug interactions
- To recognise and minimise harm to the patient
- To identify and deal with common drug interactions

beneficial and toxic effects of the 'victim' drug in the pair. The *British National Formulary* usually gives sufficient detail. The drug data sheet is a useful alternative.

- Is the patient particularly vulnerable to this effect? If the patient has an underlying disease or organ failure, they may be especially vulnerable.
- Consider what action to take or suggest

Can either drug be stopped? It is surprising how often the prescriber feels that, on

interactions would be to bear in mind the following.

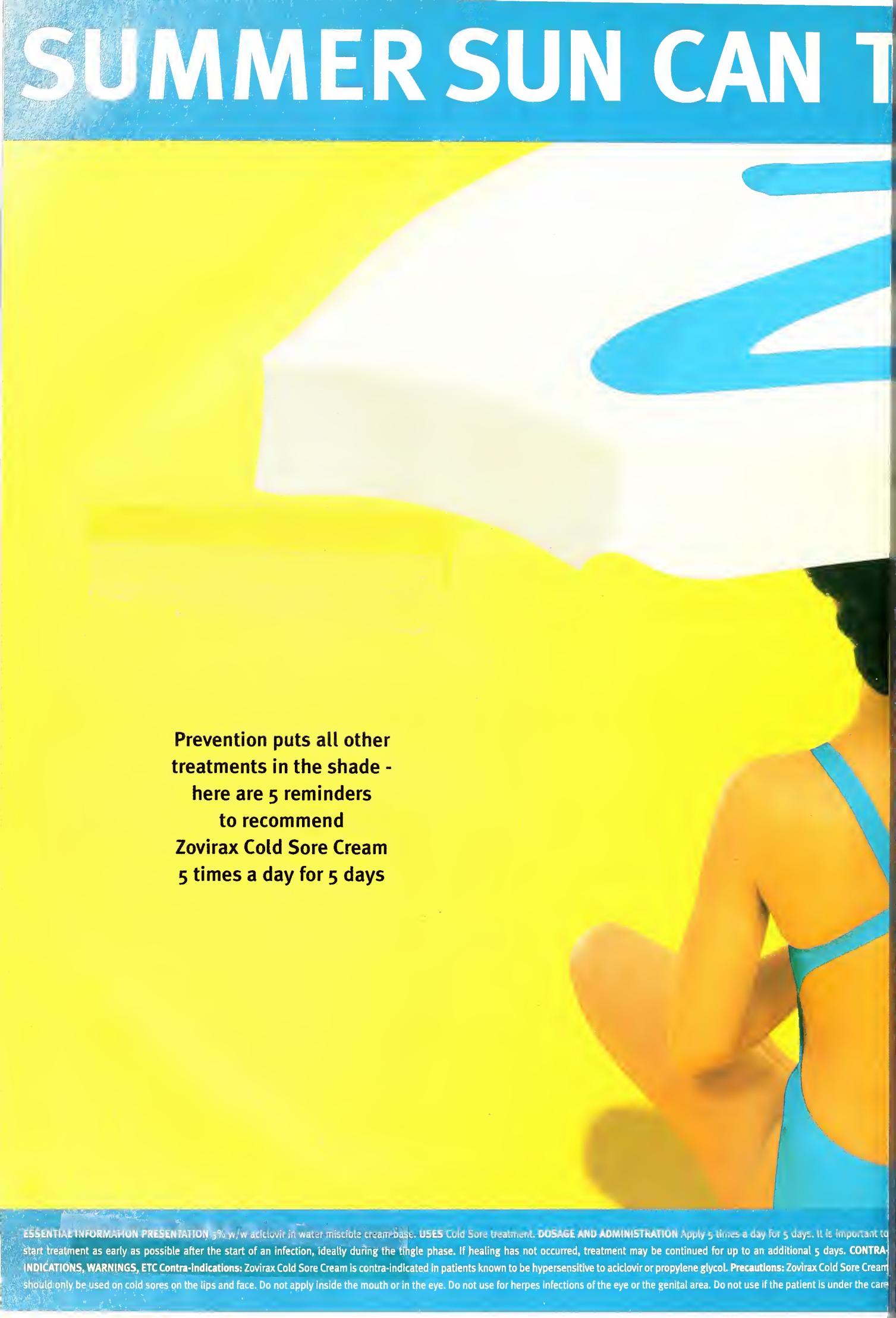
- Consider the drug added
- Is it a problem or risky drug?
- Consider the patient's current drug(s)

Again, problem or risky drug?

- What is the potential outcome?

This is determined by considering both the

SUMMER SUN CAN T



Prevention puts all other treatments in the shade - here are 5 reminders to recommend

Zovirax Cold Sore Cream
5 times a day for 5 days

ESSENTIAL INFORMATION PRESENTATION: 5% w/w aciclovir in water miscible cream-base. USES: Cold Sore treatment. DOSAGE AND ADMINISTRATION: Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. CONTRA-INDICATIONS, WARNINGS, ETC: Contra-Indications: Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. Precautions: Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care

TRIGGER COLD SORES

Our in-pharmacy
summer promotion
puts all our competitors
in the shade!

Intense UV rays in summer sunshine are a key cold sore trigger. When summer sun triggers the cold sore tingle, only Zovirax Cold Sore Cream's unique antiviral formula puts prevention at your fingertips. And only Zovirax Cold Sore Cream puts you in control of our summer shade promotion which will see customers queuing up to win one of 1000 Zovirax Parasols in our exclusive pharmacy promotion.

There's more **red hot news!** This year, cold sore prevention with Zovirax Cold Sore Cream not only puts all other products in the shade, it can put you in the shade in the Caribbean hotspot of your choice. Zovirax Cold Sore Cream is essential for all cold sore sufferers this summer and vital to your profits too. Ask your Warner Wellcome representative for details today!



There are 2 choices to prevent a cold sore, original tube or new pump pack - the ultimate for convenience

ZOVIRAX
COLD SORE CREAM



**Treat the tingle - Prevention puts
all other treatments in the shade**

of a doctor because of a weak immune system. Side And Adverse Effects: Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. RETAIL SELLING PRICE Subject to Retail Price Maintenance 2g tube - £5.29, 2g pump - £5.99. (PL 3/0304) LEGAL CATEGORY P. Further information available on request: Medical Affairs Department, Warner Wellcome Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, HANTS, SO53 3ZQ. DATE OF PREPARATION February 1996 BQCD 92/02. ZOVIRAX is a trademark of Glaxo-Wellcome PLC. Contains aciclovir. Always read the label. Warner Wellcome CONSUMER HEALTHCARE

Continued from Pill

balance, the risks of a problem occurring outweigh the benefits, eg antibacterial therapy.

Is a safe alternative available? For example, there may be another member of the drug class which does not inhibit liver enzymes.

Can the existing regimen be modified in terms of timing and adjusting the dose?

Timing is useful for absorption interactions, for example separating antacids from other drugs by two hours or, in the case of cholestyramine, giving drugs an hour before or four to six hours after.

Adjusting the dose is useful where effects are predictable, eg halving the digoxin dose when amiodarone is started, or using dose titration.

Another issue when considering action to be taken is to decide on what should be monitored, eg efficacy (international normalised ratio for warfarin), adverse effect (sedation), plasma level (lithium).

In summary:

- identify problem and risky drugs
- consider outcome: general in this patient
- decide action: stop drug use alternative modify regimen monitor.

A case in point

Consider the situation where metronidazole is added to a patient already taking aspirin, digoxin, co-amilofruse and warfarin.

Here, metronidazole, an enzyme inhibitor, is a problem drug and warfarin and digoxin are both potentially risky/victim drugs.

Metronidazole is not thought to inhibit the metabolism of digoxin, but does inhibit warfarin metabolism. The anticoagulant effects of warfarin can be markedly increased. Bleeding can occur if the dosage of warfarin is not reduced appropriately. A reduction of warfarin dose of one-third to a half may be necessary. Although the documentation is small, this is a well established interaction. As with other inhibition interactions, the effect will both occur and subside (on stopping metronidazole) fairly quickly (two to three days).

If metronidazole is necessary, assuming there is

Published reports of drug interactions should be assessed in relation to:

- The patients (were healthy subjects or patients included?)
- The number of patients
- The drug dose and form used, and duration of treatment
- The time course of the interaction (and appropriate timing of plasma drug levels)
- The order of administration of drugs in the combination
- The degree of variation in outcome among patients.

no safe alternative available, appropriately reducing the warfarin dose means the frequency of monitoring (INR) should be increased during the antibiotic course and until it has restabilised on withdrawal.

Worked examples

The following are examples of interactions.

1 Clarithromycin added to:
salbutamol inhaler
ipratropium inhaler
aminophylline

Clarithromycin is an enzyme inhibitor and aminophylline is a potential problem drug as it has saturable hepatic metabolism with a narrow therapeutic ratio. Theophylline levels may increase and the patient is particularly vulnerable if their levels are at the upper end of the desired range. Only modest increases have been reported. If the combination is unavoidable, monitoring is advisable.

2 Azathioprine added to:
frusemide
isosorbide mononitrate
nifedipine
allopurinol
glyceryl trinitrate s/l

This is a potentially life-threatening interaction which also occurs with mercaptopurine and allopurinol. Allopurinol is a xanthine oxidase inhibitor (ie problem drug), the enzyme responsible for azathioprine metabolism (risky drug). The azathioprine effect will be enhanced and dose reduction to one-third or one-quarter is suggested.

Assuming the allopurinol is still indicated, it would be advisable to suggest introducing the azathioprine particularly cautiously, watching for toxicity: arrhythmias, bone marrow suppression.

3 Phenytoin added to:

Ovran 30

Contraceptive failure in the presence of phenytoin is well

established. Phenytoin is an enzyme inducer (problem drug); oral contraceptives are risky because of the prophylactic effect. Several practical solutions have been suggested for chronic anticonvulsant use: raise the ethynodiol dosage (or its equivalent) to 50 micrograms; use a non-interacting anticonvulsant where possible, eg sodium valproate and lamotrigine appear not to interact; use a barrier contraceptive method. If the anticonvulsant is used short-term, the Family

Planning Association suggests that additional contraceptive precautions should be used while taking the enzyme-inducing drug, and for at least seven days after stopping it. If these seven days run beyond the end of the packet, the new packet should be started immediately without a break, omitting any inactive tablets. Allow four to eight weeks for the liver metabolism to recover following withdrawal.

4 Amiodarone added to:
isosorbide mononitrate
digoxin
warfarin
glyceryl trinitrate s/l

Amiodarone is an enzyme inhibitor (problem drug) and can increase the effects of warfarin (action: see warfarin and metronidazole). Digoxin is also a risky drug and the levels of digoxin have been reported to be approximately doubled by the concurrent use of amiodarone. The mechanism is not fully understood but may relate to reduced renal and non-renal excretion of digoxin. It occurs in most patients, is clearly evident after a few days and continues to develop over one to four weeks. A reduction in digoxin dose to one-half is suggested, but the effect and appropriate action will obviously depend on the patient's prior digoxin level.

5 Fluconazole added to:
salbutamol inhaler
ipratropium inhaler
astemizole

Fluconazole is an enzyme inhibitor (problem). Atemizole is risky because of its potential cardiotoxicity (arrhythmias) in excessive dosage. This is an extremely important interaction, possible with all enzyme inhibitors and other drugs which can cause arrhythmias. The combination should not be used.

6 Haloperidol added to:

aspirin

amlodipine

co-beneldopa

Haloperidol is a dopamine antagonist. Co-beneldopa contains levodopa, the amino-acid precursor of dopamine for the treatment of Parkinson's disease. This is a typical pharmacodynamic interaction with drugs which have an opposing action. The patient's Parkinsonian symptoms may worsen. An alternative to haloperidol (which will depend on the indication) should be sought.

7 Captopril added to:
nifedipine
bendrofluazide
lithium

Lithium is a risky drug with concentration-dependent toxicity and a narrow therapeutic ratio. Captopril is an angiotensin converting enzyme inhibitor which can decrease lithium excretion. A similar effect is seen with thiazide diuretics, eg bendrofluazide, but the mechanism is not fully understood. Thiazides exert their major actions on the distal part of the kidney tubule whereas lithium is reabsorbed in the proximal part. A possible mechanism is that the sodium loss which accompanies thiazides is compensated by a retention of sodium in the proximal tubule where lithium and sodium would be indistinguishable, leading to a rise in lithium levels. The interaction between lithium and ACE inhibitors is established but uncommon and the mechanism may be related to the above. If the combination is unavoidable, close lithium level monitoring is advisable.

A pharmacodynamic interaction between captopril and nifedipine to cause additive lowering of blood pressure will also occur but is probably desirable.

8 Terfenadine added to:
co-amilofruse
captopril
erythromycin

Terfenadine (like astemizole above) can prolong Q-T intervals and precipitate arrhythmias in excess dosage (risky drug). Erythromycin is an enzyme inhibitor (problem drug) which can both increase terfenadine levels and has also been reported to prolong Q-T intervals itself. The combination should not be used. Also watch out for the amiloride-captopril interaction leading to hyperkalaemia.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December 31, 1997

Minocycline reassessed

Minocycline received attention in the lay press following a report in the *British Medical Journal* of an uncommon association with hepatitis and systemic lupus erythematosus. Dermatologists in Leeds are keen advocates of minocycline as a second-line treatment for acne in patients who do not respond to tetracycline, believing the risk worthwhile. They outline the commoner adverse effects of minocycline in a prospective study of 700 patients with acne vulgaris.

Ages ranged from 13 to 48 and duration of therapy from two weeks to four years. The dose, selected according to the severity of acne and adjusted according to response, was 100mg/day in 29 per cent; 100 and 200mg on alternate days in 28 per cent; and 200mg/day in the remainder. Patients were seen every three months.

Ninety-five (13.6 per cent) reported adverse effects; these were commoner in women than men (13.5 versus 7.5 per cent) and in the over-35s compared with younger patients (27 v 11.8 per cent). Adverse effects included gastro-intestinal symptoms (the most frequent, at up to 2.4 per cent depending on dose), vestibular dysfunction



Wyeth Leedie Laboratories

(approximately 2 per cent), poor concentration, rashes, vaginal candidiasis, pityriasis versicolor and pigmentation.

Headache and visual disturbance were reported by one per cent of patients and may have been due to benign intracranial hypertension. This is usually an early adverse effect, but two cases in this study occurred after six and 12 months' treatment.

There was no overall relationship between adverse effects and dose, with frequencies of 8.4, 6.9 and 10.9 per cent respectively at each dose level, though pigmentation was reported by 4 per cent of patients on the

highest dose compared with 0.4 and 1.1 per cent on the two lower doses. Pigmentation occurred after prolonged use (at least eight months) and a cumulative dose of at least 70g. There were no changes in biochemical parameters.

The authors conclude that minocycline is associated with familiar and usually non-serious adverse effects in a minority of patients. Acne should be treated with the most appropriate agent sooner rather than later, they say, to minimise its impact.

British Journal of Dermatology 1996;134:693-5; *British Medical Journal* 1996;312:1101

Pharmacist intervention on inappropriate prescribing

Professional groups often claim benefits for services they want to develop, but seldom subject their plans to scientific scrutiny. A welcome exception has been reported in the United States, where the impact of clinical pharmacist intervention has been evaluated in a randomised controlled trial over one year.

Two hundred elderly people attending an outpatient clinic who were taking five or more medications were randomised to receive usual care or additional intervention by a clinical pharmacist.

Pharmacist intervention involved reviewing medication before each clinic visit and recommending changes to the physician. After the consultation, the pharmacist discussed any issues raised with the patient and reviewed compliance. Usual care involved a routine review of medication by a nurse, a consultation and advice from the clinic nurse on any new medication.

Inappropriate prescribing was significantly reduced (by 28 per cent) after pharmacist intervention compared with 5 per cent in the control group. Physicians changed medication, as recommended by the pharmacist, more often than they did spontaneously (55 versus 20 per cent).

Adverse events were also less common with intervention, though not significantly so (30 v 40 per cent); surprisingly, compliance, knowledge of medication, health-related quality of life and healthcare satisfaction were similar in the two groups. Some 95 per cent of physicians working with the clinical pharmacists said they were highly satisfied with the service and 86 per cent said they had been provided with information of which they were previously unaware.

This study demonstrates that appropriate pharmacist intervention can rationalise prescribing. There is no systematic obstacle to developing a similar service with GPs, though there is a different culture of care in the UK.

American Journal of Medicine 1996;100:428-37

Tibolone tests prove inconclusive

There are three objectives of hormone replacement therapy: relief of symptoms associated with the menopause, prevention of osteoporosis and, partly by lowering lipids, prevention of cardiovascular disease. Combining an oestrogen and a progestogen achieves the first two objectives and probably also the third.

Tibolone is a synthetic hormone which has oestrogenic, progestogenic and androgenic activity. It is licensed for the treatment of symptoms associated with the menopause in women more than one year after the last menstrual period. It is taken continuously so offers the prospect of symptom relief without withdrawal bleeding, but it is not known whether it reduces the risk of osteoporosis and cardiovascular disease.

Gynaecologists in Dublin report a two-year evaluation of its effects on blood lipids, with inconclusive results.

Women at least one year past the menopause were randomised to treatment with conjugated oestrogens 625mcg/day plus norgestrel 150mcg/day or tibolone 2.5mg/day. Changes in blood lipids were compared with an untreated group. In these controls and in women given combined HRT, total and LDL-cholesterol decreased, HDL-cholesterol increased and triglyceride concentrations increased at one year but returned to baseline after two years. In women taking tibolone, HDL-cholesterol decreased transiently at one year then returned to baseline levels but triglyceride, and total and LDL-cholesterol concentrations decreased. Tibolone and combined HRT

also reduced concentrations of apolipoprotein (a), which may also be a risk factor for vascular disease. However, withdrawal was common: over 40 per cent of women in each group stopped treatment for reasons including poor compliance, bleeding, adverse reactions and the need for surgery.

The changes in blood lipids associated with tibolone were, like those of combined HRT, mixed. The implications for long-term therapy are unclear. There is significant variation in untreated women, confounding interpretation of the effects of treatment. This emphasises the need to interpret biochemical data cautiously: they are no substitute for measuring true endpoints (mortality and cardiovascular events).

Obstetrics and Gynecology 1996;87:593-9

Predisposition to tardive dyskinesia

There is controversy over whether tardive dyskinesia is due solely to antipsychotic drugs or at least partly a manifestation of schizophrenia itself. There is good evidence that the risk of tardive dyskinesia increases with longer treatment and higher doses, but this is also consistent with the theory that severe schizophrenia is associated with pathological processes which may increase the risk of movement disorder.

Attempts to explore these issues are complicated by the long duration of observation required and the need to study patients prospectively from the moment they first receive treatment. Psychiatrists in the United States have now reported an eight-year study in 118 treatment-naïve patients presenting with their first episode of psychosis.

On recruitment to the study, 73 per cent of patients had received no prior treatment and the remainder had been

treated for less than 12 weeks. Antipsychotic drugs were prescribed in turn until symptoms resolved, beginning with fluphenazine and switching first to haloperidol and then to molindone if there was no response.

The median time to remission was nine weeks, but treatment was unsuccessful in 14 patients; 13 patients received clozapine (which is associated with a lower risk of movement disorders than older antipsychotic agents) after other drugs had failed. When remission was achieved, the dose was reduced to the minimum effective level for maintenance therapy.

Baseline factors, such as symptom severity, gender and race, did not predict the risk of tardive dyskinesia but childhood psychiatric history, antipsychotic drug dose and treatment outcome did. The cumulative incidence of persistent tardive dyskinesia increased from 4.8 per cent

after one year to 7.2 at two years and 15.6 per cent at four years. Standardising antipsychotic dosage to chlorpromazine 100mg equivalents, each increment in dose was associated with a 6 per cent increase in the risk of tardive dyskinesia.

Independently, treatment responders had a lower risk of developing tardive dyskinesia after adjustment for dose and time to response.

The authors say this evidence confirms other studies showing a strong association between dose, duration of treatment and risk of tardive dyskinesia. However, they argue that the higher risk associated with poor treatment outcome and childhood history suggests some individuals are predisposed to develop symptoms. This may be due to pathological changes, neurotoxicity or receptor sensitivity associated with schizophrenia itself.

Archives of General Psychiatry 1996;53:313-9

Adherence to treatment guidelines

Treatment guidelines formulated by expert consensus have been praised as the way to practice evidence-based medicine and raise standards of care. However, there are problems with implementing them.

Adherence to guidelines published by the American College of Cardiology and the American Heart Association was monitored in 2,400 patients admitted with suspected acute myocardial infarction to 45 hospitals in Minnesota. Of the patients eligible for thrombolysis, only 72 per cent were treated with thrombolytics. One in five patients should have received a beta-blocker but only 53 per cent did so within the first 24 hours. More encouragingly, lignocaine was administered to 88 per cent of patients with serious arrhythmias – but it was also wrongly given to 20 per cent of all patients studied. Even aspirin was only given to 81 per cent of eligible patients.

Closer analysis revealed that those aged 75 or older were significantly less likely to receive appropriate treatment, particularly with thrombolytics. There was also a significant undertreatment of women. There were no differences between hospitals except that non-teaching hospitals were more likely to use lignocaine inappropriately.

The authors note that the overall level of adherence to guidelines – 63 per cent – is higher than reported for the treatment of acute MI. They conclude that innovative education and systems improvements are needed.

Archives of Internal Medicine 1996;156:799-805

Research Digest is a regular series, written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

Cost-effectiveness of cyclosporin

A meta-analysis has shown the immunosuppressant cyclosporin to be more effective than placebo when treating rheumatoid arthritis: in three clinical trials, treatment with cyclosporin achieved a 25 per cent or greater improvement in tender joint count in 35 per cent of patients compared with 17 per cent of those given placebo. Two further studies have shown that cyclosporin is as effective but not as well tolerated as penicillamine or azathioprine.

The probabilities of developing an adverse reaction were 0.78 per patient per year with cyclosporin compared with 0.31 with azathioprine, and 0.70 and

0.51 for cyclosporin and penicillamine respectively. Yet cyclosporin has a role in the treatment of patients who cannot tolerate other second-line drugs. What are the cost implications?

A Canadian evaluation shows that, based on these five clinical trials, the cost of the 25 per cent improvement in symptoms with cyclosporin was approximately £5,750 per patient per year. Compared with azathioprine and penicillamine, the extra cost was £700 and £800 respectively per patient per year because of the higher purchase price and greater toxicity of cyclosporin. Because they were equally effective, all drugs were

assumed to achieve the same reductions in hospital days and their cost.

The additional costs of cyclosporin compared with older agents are significant compared with the total costs of treatment – assuming that treatment continued for five years, it would mean an expenditure of £4,000 in addition to £25,000 per patient – and it is also associated with a higher risk of adverse effects. It is therefore important to identify patients for whom cyclosporin is appropriate rather than consider it as just another second-line drug for rheumatoid arthritis.

Journal of Rheumatology 1996;23:609-16

PHARMACY update: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be

inserted in the July 13 issue, which will cover this week's module, together with those in the June 1 issue. In other words:

- Responding to symptoms (17)
- Drug interactions I (18)
- Drug interactions II (19).

A total of 19 accredited

courses have so far appeared in this series.

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of

results – details are given on the monthly MCQ papers.

C&D in association with
Johnson & Johnson **MSD**
Consumer Pharmaceuticals

No sweat

Body responsive, 24-hour protection and skin-friendly are just a few of the claims you might find on today's anti-perspirant deodorants, but what do they really mean?

Isabelle CHM Esser PhD, technical brand manager at Elida Fabergé, takes a closer look at products on our shelves

Human body temperature stays constant at around 37°C, regardless of the environment. When the body needs heat, it burns food and when it needs to cool down it sweats. During perspiration, water is secreted onto the surface of the skin and its evaporation cools us down. Our sweat rate is controlled by the nervous system and is automatically regulated according to our body temperature.

Perspiration is produced by two types of sweat glands present beneath the skin's surface:

the eccrine gland and the apocrine gland. Sweat and body odour are not the same thing: sweat is just water with a few dissolved minerals produced by the eccrine glands, while body odour comes from the degradation of an oily material produced by the apocrine glands.

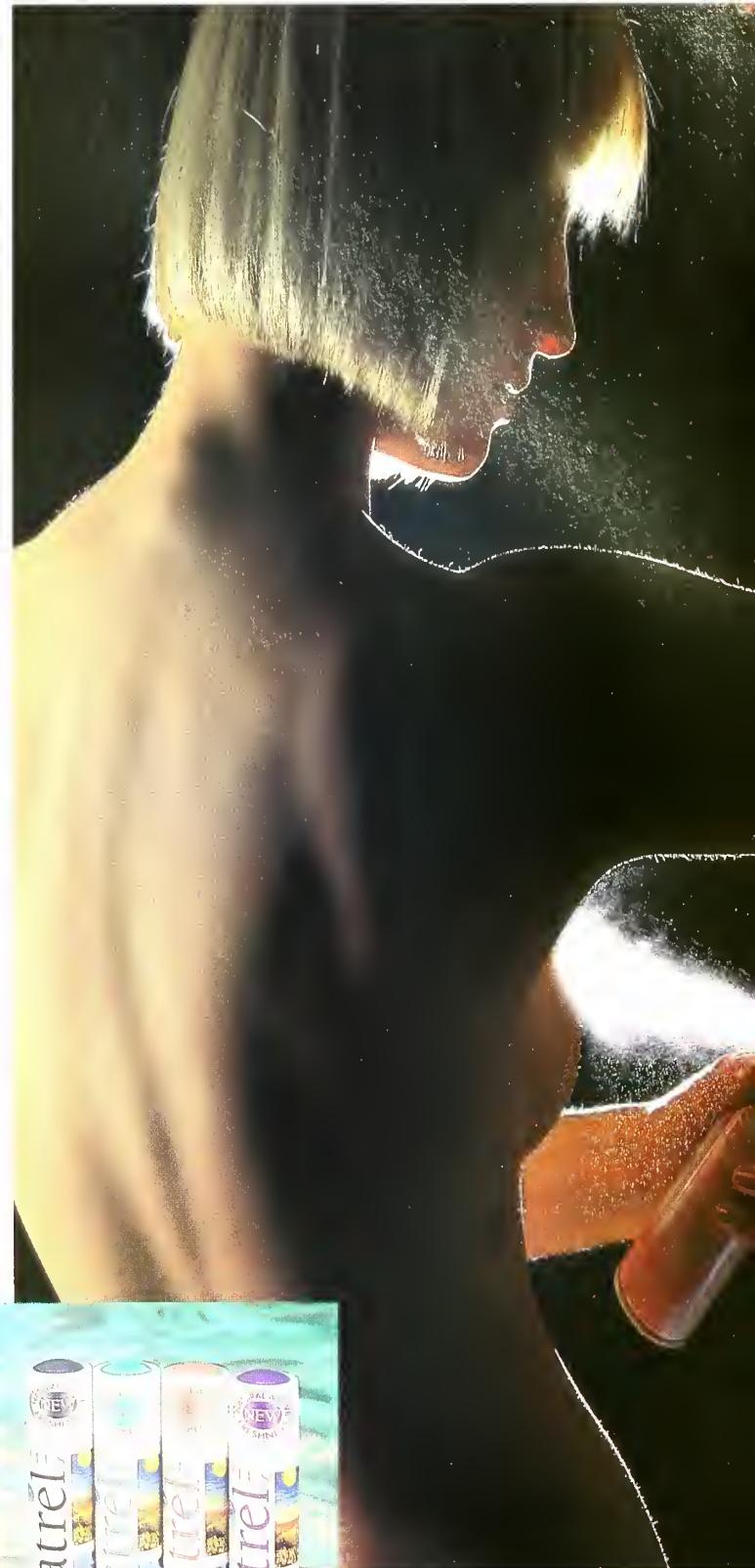
Eccrine glands are present all over the body, numbering between three and five million in adults. The concentration of eccrine glands in the underarm is not the highest on the skin, but sweat is more noticeable there because underarms are poorly ventilated. Eccrine sweat is 99 per cent water and is odourless.

Apocrine glands are not uniformly distributed on the body and are present mainly in the underarm and pubic area. They are stimulated by emotional stress and are active from puberty. The apocrine glands secrete a milky, oily liquid that contains proteins, lipids and amino acids. The oily apocrine secretion is easily degraded by the bacteria present on the skin's surface to produce a mixture of lipids and steroids, some of which are volatile and odiferous.

Product choice

While sweat and body odour often go hand in hand, they are produced from the secretion of two different types of glands and so there are two types of products to tackle the two associated, but quite distinct, problems of sweating and body odour.

A deodorant prevents body odour by reducing the growth of bacteria responsible for the degradation of the secretion of the apocrine glands into odiferous molecules. Thus deodorants prevent odour but have no effect on wetness. Ethanol is the most commonly used bactericide, but its bactericidal activity is restricted to about five hours due to its rapid evaporation from the skin surface. Other bactericides, such as triclosan, zinc carbonate and zinc phenolsulphonate are more effective than



Natrel Plus features a new formulation to deliver extra freshness as body heat rises

ethanol at controlling bacterial growth as they are not volatile and can extend product efficacy to 24 hours.

An anti-perspirant reduces wetness by limiting the production of sweat from the eccrine glands. These work locally to

reduce sweat production from individual glands and the reduction is reversible since the anti-perspirant can be washed away. There are two main types of anti-perspirant active ingredients commercially available, aluminium chlorohydrate (ACH) and zirconium aluminium chlorohydrate (ZACH). These are used either in their normal or their activated (enhanced efficacy) forms.

The efficiency of an anti-perspirant depends on the type of

Continued on P838 ►

The relaunch of Sure is being backed by an £8 million support programme

◀ *Continued from P837*

metal salt used. Zirconium salts are more effective at reducing perspiration than the aluminium salts, as are the activated forms compared to their standard counterparts. However, the more effective zirconium salts cannot be used in aerosols or sprays for legislative reasons.

Anti-perspirant actives not only reduce perspiration but are also excellent deodorant ingredients, as their action produces a drier environment which is less favourable for the reproduction of bacteria.

The commonly believed mode of action by which anti-perspirant salts reduce perspiration is the gel-plug theory¹. At the onset of perspiration, the anti-perspirant dissolves in the perspiration fluid and diffuses back into the sweat duct where it forms a gelatinous filter. This filter builds up over a few days to form a plug in the sweat duct which consists of a hydroxide polymeric gel. Interaction of the metal ions with the proteins present at the duct walls prevents the plug from being dislodged too rapidly from the duct.

It is also well known that sweat reduction is maintained after the application of the anti-perspirant product is discontinued.¹ This phenomena is often referred to as the 'carry-over' effect. Eventually the plug is removed from the eccrine glands, both by normal washing action and natural turnover of the skin. The complete removal of all the plugs in the underarm can take between one and three weeks.

Behind the claims

Claims such as 'body responsive' are based on the mode of action of anti-perspirant described above. All anti-perspirants are body responsive because the anti-perspirant dissolves and begins to function in response to perspiration to control wetness – the more you sweat, the more effective they are.

Micro-encapsulation technol-

ogy is also used to support body responsive-type claims. Starch is used to encapsulate the perfume in the product. These starch capsules dissolve during perspiration, releasing extra perfume as they do so.

Claims of '24 hours' and 'long-lasting' are based on the basic mechanism of anti-perspirants. Due to the carry-over effect of anti-perspirants, the sweat reduction is maintained 24 hours after the last application. Studies have shown that even after the first-ever application of an anti-perspirant product, sweat reduction is still significant after 24 hours. However, to obtain maximum wetness control, the product should be used on a daily basis.

The 'skin-friendly' sector has expanded rapidly in the UK. Although consumers continue to consider effective wetness and odour control of prime importance, skin-friendly attributes are becoming important since one in three people have experienced sensitivity from using a deodorant. Recent studies showed that almost three-quarters of consumers are interested in deodorants that deliver skin caring benefits as well as effective anti-perspirancy¹.

Claims such as 'dermatologist/dermatologically tested' have almost become a condition of entry into the category and it means that the formulation has been tested on human skin. Several products go a step further and make specific claims, such as 'mild' or 'ultra mild'. To allow this claim, the formulations are also tested under the supervision of a dermatologist and need to show that they have a low irritation potential.

The skin-friendly sector has also seen the emergence of unscented and perfume-free products. Perfume is one of the primary cues that the product is still working and, as such, is a very important confidence booster. In view of this, light, fresh perfumes are the trend rather than unscented and perfume-free products, which have



Anhydrol Forte, designed to combat excessive perspiration, is now available OTC in a roll-on format

taken only a small percentage of the market. Unscented variants contain a perfume that masks the intrinsic odour base of the formulation but which is otherwise neutral. A completely perfume-free anti-perspirant deodorant can be difficult to market, as many base formulations have a strong odour.

Applicator types

Aerosols are quick, convenient and refreshing, but are difficult to apply precisely. They are either alcohol-based (deodorant only) or suspension anti-perspirants. The anti-perspirant version is less effective than sticks or roll-on but is quick drying, non-stinging and less sticky. The main disadvantage is that they

leave visible white deposits on skin and clothing.

Sticks are suspension formulations and are the most effective anti-perspirant format. Like the aerosols they leave white visible residues. Deodorant sticks do not control perspiration and are usually alcohol-based. They are fresh on application, but can be sticky and slow drying.

Roll-on deodorants can either be alcohol- or water-based, and give different levels of protection. Alcohol based roll-ons are fresh and quick drying, but they may sting, especially after shaving. The water-based roll-ons are non-stinging, but wet, slow drying and stickier than their alcohol counterparts.

Gels give medium anti-perspi-



Right Guard has been relaunched with new packaging and a body heat reactive formulation for extra protection



Atlantis is the new Lynx fragrance variant for 1996, with a blend of fruity and minty notes



New-look Arrid Extra Dry has improved formulations plus new fragrances

rancy and have the advantage of being clear and non-irritating as they are water-based. Their major drawbacks are that they are sticky and slow drying.

Creams leave no visible residue, are non-sting and very mild, but can be difficult to apply.

References

- 1 Reller, H H and Luedders, W L, *Mod Toxicol*, 1977, 4, 1-54.
- 2 Shelley, W B and Hurley, H J Jr, *Acta Dermato - Venereol*, 1975, 55, 241-260.
- 3 Lorna Tee Consultancy, Research on behalf of Elida Fabergé, October, 1995.



New Mum Botanicals combines performance with a skin-friendly formulation of natural ingredients

Nearly everyone uses some kind of underarm deodorant, so manufacturers are having to come up with convincing reasons to encourage consumers to switch to their brand. As with every other sector of the personal care market, extra benefits are the key to more value sales – 24-hour protection, body responsive formulations and skin-friendly variants are some of the new selling points. While you might not consider APDs to be a seasonal product, sales rocketed during the hot summer last year from 80.7 million units in 1994 to 86.1m units, with aerosols accounting for nearly half of the increased sales.

The market is currently worth £313.2m (TN AGB Superpanel March 10, 1996), with an increase of 9 per cent on last year. Aerosols account for 74 per cent of sales, roll-ons 16.5 per cent and sticks 8.1 per cent.

Body heat

The hottest new trend is body responsive formulations, which increase their effectiveness as the body requires it. Gillette has introduced micro-capsule technology to its Right Guard and Natrel Plus aerosols, giving extra protection when it's needed. The micro-capsules are minute starch casings that enclose an extra quantity of deodorant protection, which is released when the body temperature rises.

At Elida Fabergé, trade category manager Karen Ramsey thinks that the new breed of body responsive products will appeal to a broad section of consumers. "People expect more from an anti-perspirant these days, so I think they'll appeal to anyone who wants more efficacy from their product."

Skin-friendly

As well as protection from odour and wetness, today's consumer also wants a deodorant that is kind to the skin. "I think women are the main users of the new skin-friendly APDs," says Ms Ramsey, "since they are in general more bodily aware than men, while underarm shaving also contributes to use. But we expect to see men following their lead with this type of product." At Carter-Wallace, David Thompson, domestic marketing director, agrees with this. "The skin-friendly proposition currently appeals more to women than men, though I think this is changing as men become more attuned to seeing sensitive skin shaving products."

Natural crystal deodorants are becoming more popular, although they are still a very new concept in the UK. Deodorising crystals,

cultivated from natural mineral salts, leave a film on the skin which inhibits the growth of odour-causing bacteria but does not interfere with perspiration. The big plus is that they last for up to a year and are ideal for sensitive skin as they contain no chemicals. Natural deodorants available in the UK include Crystal Spring and Pit Rok

Fragrance still wins

While consumers may be looking for products which are kinder to their skin, this doesn't mean fragrance-free. "Unscented variants are no longer popular and most manufacturers have now withdrawn these in favour of very lightly scented products," says Mr Thompson. Research by Carter-Wallace revealed that when shopping for an APD, consumers first identify with certain brands. Once they've done this, they'll choose between aerosol, roll-on or stick, while the next most important criteria is the fragrance and packaging. "The market has become much more sophisticated in terms of fragrance. For women light florals are popular, while unisex products are being influenced by fragrances such as Calvin Klein's CK One. Men's APDs are more citrusy, moving away from the traditional woody, leathery scents."

At Elida Fabergé, Ms Ramsey says that fragrance is the second most important criteria for choosing an APD after efficacy. "We're now seeing men using fragranced bodysprays, such as Lynx, instead of an aftershave during the day, while women will wear a bodyspray instead of a fragrance," she says.

Looking to the future for APDs, product efficacy will be taken for granted, says Ms Ramsey, and new developments are likely to take the form of convenience benefits, such as ergonomically-designed applicators, quicker drying and less sticky formulations.

What's new?

Gillette has relaunched its Right Guard and Natrel Plus ranges with new packaging highlighting the new body heat reactive formulations. The company is backing the brands with a £10m advertising campaign this year. Exclusive to independents is a price promotion of £0.50 off Natrel Plus and Right Guard aerosols, with roll-ons reduced to £0.95 and £1 off clear gels.

Elida Fabergé has relaunched Sure with its biggest-ever advertising spend. Packaging has been redesigned to give a more modern, fresh appeal, and the Sensitive and 24 Hour roll-on variants

have improved formulations. A new TV campaign features the return of the Sure 'tick' of confidence.

Atlantis is the new Lynx variant for '96. It has an icy freshness with a blend of citrus, fruity top notes and mint, with a woody base of musk and peach, backed by a £1.1m campaign. The Lynx brand is worth £80m.

Carter-Wallace has relaunched Arrid Extra Dry with two new variants, fresher fragrances and redesigned packaging. The new variants are Sensitive, which contains aloe vera and has a vanilla scent; and Tropic, a summery fragrance; while Showerfresh now has a fresher fragrance. Desert Pink has been renamed Exotic Pink. The roll-on formulation has been improved with a quicker drying action and improved anti-stain protection. The brand will be supported with TV sponsorship of the 'Body Heat' series during August and September.

Bristol-Myers has launched Mum Botanicals, combining performance with a skin-friendly proposition. Three fragrance variants are available – Sundew, a fruity floral; Laurel, a light fresh fragrance; and Cassia, a floral. The launch is being backed by a £3.5m campaign.

Cussons has relaunched its Imperial Leather anti-perspirant range with a 24-hour freshness benefit, improved aerosol formulation, new packaging and a new variant, Carnival. Aerosol packs feature the claim '25 per cent more effective'.

New to the Jean-Paul Gaultier Le Male fragrance range is an alcohol-free deodorant stick.

An addition to the tea tree oil-based T-Zone range is an anti-perspirant deodorant which comes in a roll-on format.

For those with an excessive perspiration problem there is Anhydrol Forte, which is available OTC from Dermal Laboratories. For the OTC launch it was repackaged in a 60ml roll-on format and retails at £4.42. The product contains aluminium chloride hexahydrate to control excessive sweating of the underarms, hands or feet.

According to Stiefel, maker of Driclor, some 45 per cent of women suffer from excessive perspiration. The company is relaunching its Driclor Solution product, designed to control excessive perspiration. For help and advice on excessive perspiration consumers can call the Driclor Helpline on 0800 626875, while an information leaflet is available to pharmacy staff from: Stiefel Laboratories, Holtsprur Lane, Wooburn Green, High Wycombe, Buckinghamshire HP10 0AU.

Hair today . . .



most avid hair removers. German women are the least keen, with just 39 per cent of them regularly removing body hair.

Here, in the 16-45 age group, 95 per cent of women remove hair, with 91 per cent using razors, 41 per cent chemical methods, 13 per cent wax, 7 per cent electric methods and 8 per cent by visiting a salon. "Age doesn't actually have much to do with the method that women choose," says Ms Hudson. "Our survey of 12-18-year-olds came up with much the same results. It really depends on how much time you've got and the occasion."

In Britain we're brought up with razors - 80 per cent of women use a razor as their first method of hair removal, while in Spain women are taught to use wax from an early age. "It really is this big myth about how painful waxing is that puts people off it in this country, yet women say they want longer-lasting methods of hair removal," says Ms Hudson.

Easier waxing

Companies are responding to women's needs with the introduction of warm wax products that are much simpler and less messy to use. Reckitt & Colman has extended its Inmac range with the launch of Warm Wax. The product is heated in a microwave before application and then removed with washable cotton strips. It is water soluble so won't leave skin sticky and skin should stay smooth for up to six weeks, comments Reckitt & Colman. The product is being supported by television advertising and an educational programme consisting of in-store demonstrations.

Richards & Appleby has also moved into the warm wax market with the launch of Smooth Appeal Sugar Wax System. Using a formulation of cane sugar, lemon juice and water, which works in the same way as a wax, the product is heated in a

With such a variety of depilatory options on the market, British women no longer have to furtively borrow a disposable razor to remove body hair

When it comes to female hair removal, Britain is still predominantly a shaving culture, with 91 per cent of women using razors at least some of the time and 75 per cent choosing shaving as their preferred method (Reckitt & Colman research).

Yet despite these high numbers, female shaving was, until recently, rather a furtive business, with many women 'borrowing' one of their partner's disposable razors and pinching some of his shaving foam because there were no products designed for women. That all changed three years ago with the launch of women's system razors and foam by both Gillette and Wilkinson Sword, which created the female shaving market.

The makers of depilatory creams and waxes are having to fight harder to compete with this potentially huge new sector of

the female hair removal market. They've responded by improving their formulations: creams smell pleasant and are less messy to use, while they no longer irritate sensitive skins; waxing is made more effective with products that are heated up in the microwave; and education programmes aim to dispel the fear that waxing is a painful, time-consuming process.

At Reckitt & Colman, category manager for depilatories Louise Hudson believes their winning card in the battle for market share is the fact that many women are not satisfied with their current method of hair removal.

"Our research found that while 50 per cent of women who shave are loyal to razors and would never try anything else, the rest are experimenting with other methods too," she says. "While we are basically a shaving culture, which I think is due to speed and convenience, women

are not satisfied with shaving because the results don't last long enough."

Who uses what?

In Britain around 81 per cent of 15-65-year-olds remove body hair (Reckitt & Colman research), making us one of the



Gillette is strengthening its hold on the female shaving market with the launch of Sensor Excel for Women

Continued on P842 ▶

“Excessive perspiration is deeply embarrassing and now we’re telling everyone about it”

What if you couldn't find an antiperspirant that worked? What if you went on sweating so much that before the day was out you needed a change of clothing? This is the reality for a surprising number of people, as a recent Gallup survey found. In fact, 11% of the women they spoke to were frequently forced to change clothes or cover up to avoid the embarrassment of excessive perspiration.

The level of dissatisfaction with existing antiperspirants might also surprise you.

As many as 26% of all women asked were interested in buying a product 'successfully used by doctors' – if it was available from their pharmacist. Clearly the market is there, and Driclor Solution is the brand to reach it – especially once our national media campaign begins this summer. As a clinical antiperspirant

Driclor Solution provides long term control of excessive perspiration, and even works for problem sweaty feet. Every pharmacist should stock it. Now more than ever.



A major advance in the treatment of excessive perspiration



NATIONAL
MEDIA
CAMPAIGN
STARTS THIS
SUMMER

Pharmacy only clinical antiperspirant

Presentation: Solution **Active ingredients:** Aluminium Chloride Hexahydrate USP 20% w/w. **Uses:** Driclor is indicated for the treatment of hyperhidrosis (excessive perspiration). **Dosage and administration:** Apply Driclor last thing at night after drying the affected areas carefully. Wash off in the morning. Do not re-apply the product during the day. Initially the product may be applied each night until sweating stops during the day. Frequency of application may then be reduced to twice a week or less. **Contra-indications, warnings etc:** Ensure that the affected

areas are completely dry before application. Do not apply Driclor to broken, irritated, or recently shaven skin. Driclor may cause irritation which may be alleviated by the use of a weak corticosteroid cream. Avoid contact with the eyes. There are no restrictions on the use of Driclor during pregnancy or lactation. Avoid contact with clothing and polished metal surfaces. **Product Licence Number:** 0174/0044. **Pack size and Retail Selling Price:** 30ml bottle, £4.75. **Legal category:** P. **Date of preparation:** March 1995. Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AL.



Reckitt & Colman anticipates growth in the home waxing market following the launch of Immac Warm Wax

◀ **Continued from P840**

microwave and removed with cotton strips after application.

The pack also contains an after-care moisturising balm and results should last for up to six weeks. The product is being backed by a \$500,000 advertising campaign.

Marianna is a new range of waxing and cream products, which includes a Liquid Wax All-in-One Kit. Based on a pine wax formulation, it is heated in the microwave then removed with cotton strips after application. The kit also contains a soothing after-gel. Also in the range are Genuine Wax Strips for leg use, Petite Wax Strips for facial use,

Hair Remover Cream and Hair Lightener.

Chemicals improve

The Immac range of depilatories has been relaunched with a more modern image, while on-pack instructions are easier to read. All Immac creams now feature an easier to rinse formulation, which will be highlighted in TV advertising. The Citrus Fresh variant has been renamed Lemon Scented. Immac Sensitive, which saw 50 per cent growth last year, now contains a mild baby oil. Immac roll-on lotion and spray formulations have been improved with moisturising oils to soften skin. Immac wax strips now have a fleecy paper backing to enable them to adapt more readily to body contours than the traditional cellophane strips.

Carter-Wallace has launched a hair removal advisory service, which includes a booklet on hair removal. For a free leaflet customers should send an SAE to: PO Box 7, Wear Bay Road, Folkestone, Kent CT19 6PG.

Razor sharp news

Building on its success in the female shaving market, Gillette is launching the Sensor Excel for Women system this summer. The razor features a specially-shaped handle with a soft, textured rubber grip that won't slip when wet. Flexible microfins precede the blade to protect the skin and give a closer shave. Like the Sensor razor it includes lubricated strips to reduce dryness after shaving.

The company is adding a sensitive skin variant to its Satin Care female shaving gel. The Sensor brand is being backed by a \$3.5m advertising campaign.

Gillette is offering independent pharmacies a \$1 off promotion on the new razor this summer, while its disposable razor, Gillette Plus for Women, improved and relaunched as Gillette Plus Slalom, will be available at \$0.95. A new floor stand is available to pharmacists, while poster and window display material for Gillette Satin Care shave gel are also on offer.



Smooth Appeal Sugar Wax System contains only natural ingredients and promises stubble-free skin for up to six weeks



Braun has improved its Silk-épil epilator as Silk-épil Comfort, with special features to ensure epilation is more comfortable

Wilkinson Sword is extending its Lady Protector range with the launch of Fun Razors, designed for the youth market. The boldly-coloured razors are available in a choice of four designs. The company has also relaunched its Lady Protector toiletries range, adding a Sensitive Skin Mousse which contains vitamin E.

Electric innovations

The electrical hair removal market is worth \$15.2m, with epilators up 12 per cent (Braun). Braun has introduced the Silk-épil Comfort epilator to the market, designed to improve the results of epilation with much less discomfort. To avoid unnecessary pulling and dragging of the skin the new epilator has 4.5mm tweezers (instead of 8mm) while the feed-in combs are 25 per cent larger than before to smooth a wider area of skin in preparation for treatment.

Philips increased its sales in the electric shaver market by 7 per cent last year, with the success being partly thanks to the new Ladyshave Aqua range. "The results of some research carried out in the UK have been particularly encouraging," says product manager Caroline Herald. "Nearly half of all women buying

a Ladyshave Aqua had previously shaved with a blade. We see this trend continuing through 1996. There are two new models in the Ladyshave Aqua range, one battery and one rechargeable.



Philips has extended its successful Ladyshave Aqua line with the addition of two new models, one battery and one rechargeable

THE NEW RANGE

The depilatories market is worth £20.1 million (Nielsen) and is forecast to grow to £23m during the next year, according to Reckitt & Colman. "Some 45-50 per cent of sales are made during the summer months, although that is flattening off. We have the most unseasonal market in Europe as British women tend to remove hair all year round," says Ms Hudson.

Cream takes 69 per cent of depilatory sales, accounting for £13.9m of the market, while wax takes 16.1 per cent. Boots claims a 50 per cent share of sales, while independents take a consistent 17 per cent.



Wilkinson Sword is extending its Lady Protector razor with the addition of Fun Razors, four bold designs aimed at younger women

Register for Counterpart before the inspector calls!

The July 1 deadline for having medicines counter assistants fully trained – or at least undertaking an accredited training course – is only two weeks away.

So if you have not already complied with the Royal Pharmaceutical Society's assistant training requirements, now is the time to register staff with the *Chemist & Druggist* Cambridge Counter-

part Pharmacy Assistant Development Programme – the most cost-effective course available to *C&D* subscribers. Cambridge Counterpart has been accredited by the College of Pharmacy Practice as satisfying the RPSGB's requirements.

Thanks to the generous co-sponsorship of Whitehall Laboratories, the Programme is being supplied free to *Chemist & Druggist* subscribers. Since the course began in July 1995, you have received 12 Counterpart modules – the last will be in *C&D* next week. The training modules are designed to be shared by four assistants, but include separate questionnaires and case studies for each individual. An associated Pharmacist's Briefing precedes each module within *Chemist & Druggist* magazine.

However, to qualify for accreditation, assistants must not only follow the course set out in the modules but also answer the questionnaires, participate in the case studies and have their questionnaires independently marked through *C&D*'s unique telephone marking system.

How to join up!

The key decision points for community pharmacists are:

1 For assistants already following Counterpart and registered for telephone marking

Continue with the course. Once it is completed, you will receive the results and documentation for CPP certification for a payment of £23.50 plus VAT.

2 For assistants following Counterpart, but not yet registered for telephone marking

Use the form below to register

Remember: if your counter assistants have not already completed an approved course or are not currently following an accredited course, they will be unable to serve medicines to the public after June 30.

now. When your assistants receive their personal identity numbers (PINs), they should enter their multiple choice questionnaire responses up to date, then follow the course to the end. CPP certification will be available as above for £23.50 including VAT.

3 For assistants not yet following Counterpart

Use the form below to register now. If you have retained the free modules sponsored by Whitehall Laboratories, start your assistants on the course at once and mark the questionnaires as soon as PINs are received. If you do not still have the free modules

available, use the order form to obtain complete packs of the full course (training modules, questionnaires and Pharmacist Briefings) for £17.63 including VAT. PIN registration and CPP certification fees are still payable as in as in Section 2 above. Subscribers who have mislaid just one or two modules only should contact Tracy Mathews on 0181 7



Pharmacy.....

Pharmacist.....

Address.....

..... Telephone

..... Fax

Please list by name in alphabetical order the assistants you wish to register for Counterpart (see section B above)

If your assistant is using Counterpart, but is registering to use *C&D*'s interactive telephone marking system (PIN) for the first time, please fill in the 'S' space at the end of the name line with the fee (£23.50, including VAT).

Name..... \$.....

Name..... \$.....

Name..... \$.....

Name..... \$.....

Name..... \$.....

Name..... \$.....

Sub total \$.....

I subscribe to *C&D* at the above pharmacy address and need [] complete set(s) of all Counterpart modules 1-13 (£17.63, including VAT) \$.....

Total \$.....

Cheques should be made payable to Miller Freeman Professional and sent to Sue Cheeseman, Pharmacy Group Special Projects, *Chemist & Druggist*, Sovereign Way, Tonbridge TN9 1RW.

NI figures...

Pharmacists and appliance contractors in Northern Ireland dispensed 1,667,597 prescriptions in March, at a gross cost of £16,812,163.36 and a net ingredient cost per prescription of £8.47.

...Scots stats

Some 4,291,722 prescriptions were dispensed by pharmacists and appliance contractors in Scotland in March. The gross cost was £41,131,382 and the net total £8.97 for pharmacists and £9.07 for appliance contractors.

COSHH guide

The Health and Safety Executive has published an updated and simplified version of its brief guide for employers on the Control of Substances Hazardous to Health Regulations 1994. It is available free for individual copies from HSE Books, PO Box 1999, Sudbury, Suffolk CO10 6FS or telephone 01787 881165.

UCA helpline

The Ulster Chemists Association computer users' group has set up a helpline for Northern Ireland pharmacists using the Ob-Serve computer package. The helpline number is 01232 812266. The UCA is also in the process of setting up meetings with Province banks to secure a good deal for retailers offering credit card and Switch facilities.

Tesco tackles diabetes

Tesco pharmacies offered its customers free urine testing strips this week as part of a health screening initiative to coincide with Diabetes Awareness Week. The strips detected glucose in the urine, one of the symptoms of diabetes.

Finns visit drive-thru

The vice president of University Pharmacies, the largest pharmacy chain in Finland, was set to visit Britain's first drive-through pharmacy on Wednesday. Owner Gurd Chahal says the visit by Mr Kokkonen was to find out more about what is believed to be the first such pharmacy in Europe.

Locum alert

Pharmacists should beware that a locum shortage is looming, warns Mark Kozioł of Provincial Pharmacy Locum Services. "At the moment we are getting about 30 per cent more requests for pharmacists than we have got readily available," he says.

Pharmacy stars on Teletext

Pharmacists are to be recommended as the first port of call for advice on common ailments on a new health information service on Channel 4's Teletext site.

Healthwise, to be launched by healthcare publishers Communications Resource on July 1, will tackle four health issues every week and carry the latest information on health scares such as phthalates in baby milks. In two-thirds of cases, pharmacists will be recommended as the source of further information.

Backed by the Royal Pharmaceutical Society, the British Medical Association and the Proprietary Association of Great Britain, the new concept in health information delivery will run on page 559 on Channel 4, with the programme carrying 20-25 pages, equivalent to a running time of 12 minutes. Topics will tie in with awareness weeks and will carry telephone help-lines, with information to be written by pharmacists, GPs and health writers.

Roger Odd, head of the Society's practice division, welcomed the launch. "We believe that this scheme will encourage even more people to seek advice from their community pharmacist and will contribute to improving the nation's health."

The service may also be used to push the case for Resale Price Maintenance. CRL spokesperson Suzi Glennie says: "If we want to inform consumers why RPM should be maintained, this is a logical place to do it."

Need for Braille labels highlighted by RNIB

Manufacturers are being pressed to provide Braille labels for medicinal products.

Warner Wellcome is one of the few companies to provide Braille labels to pharmacies, a service it provided for five years. However, medical information manager Steve Jadhav says the company is now unable to continue this,

but may consider reintroducing them in the future.

The Royal National Institute for the Blind is hoping that all manufacturers will respond by providing labels and patient information leaflets that the visually impaired can use.

The Disability Discrimination Act of last year places the onus

on retailers to ensure that information supplied to customers is usable, says Nana Yerassimou of the RNIB. She thinks it is unreasonable that the Act excludes the manufacturers.

Pharmacists who wish to find out more about can contact Ms Yerassimou at the RNIB on 0171 388 1266.

RPSGB Council

Four per cent statutory fee hike is approved

The Royal Pharmaceutical Society's Council last week approved increases of about 4 per cent in the statutory fees for next year.

The members' full-time retention fee is to rise from £120 to £125 and the premises retention fee from £80 to £83.

Rural pharmacy survey The Society is to meet the cost of a proposed survey of rural pharmacy users, in conjunction with the Pharmaceutical Services Negotiating Committee. The aim is to obtain evidence on opening pharmacies in rural areas where there is opposition from a dispensing doctor's surgery.

Competition law The Society has replied to a Department of Trade & Industry consultation document on competition law reform. The response set out in detail the reasons for retaining Resale Price Maintenance. It also commented on the difficulties patients were experiencing because the Society felt unable to give guidance on charges for dispensing private prescriptions.

Employee's needs The community Pharmacists' Group agreed that the office should take forward the recommendations made by a Council working party on the needs of employee pharmacists, which reported in July, 1994. Only one of the 14 recom-

mendations had been implemented. The Committee particularly wished to see action on the recommendation that Council should take account of the interests of the employee pharmacist, in the absence of any independent representative body.

Marketing pharmacy Council approved further steps aimed at marketing community pharmacy to health authorities. The Society is to encourage local pharmaceutical committees to discuss the future role of community pharmacists with chief executives and members of the new health authorities. The subject will also be raised at a meeting with the National Association of Pharmaceutical Advisors.

New Age progress Immediate past-president Ann Lewis is to chair the next stage of the Pharmacy in a New Age project. It was envisaged that the project would result in a report on the consultation, an agenda for action and a final strategy.

Superintendents' fees The proposed new byelaw requiring all superintendent pharmacists to pay a full membership fee is to be submitted to the Privy Council for approval.

Prescription charge policy The Practice Committee agreed amendments to a draft document

on prescription charge policy. A revised paper will be considered at a future meeting. It sets out options for alternative systems.

Discharge planning Council agreed to take action to improve the continuity of care for discharged patients. A letter is to go to all branches seeking information about the situation locally. A report will then publicise examples of good practice. The branches will be recommended to include discharge planning in next year's programmes and to encourage local pharmacists to develop continuity of care in areas where none exists.

Disease management Council agreed to support draft guidance from the NHS Executive on disease management partnerships between NHS purchasers and the private sector. Council also agreed to investigate ways of speaking to the pharmaceutical industry, other health professionals and purchasers about the value of pharmacists' contribution to disease management and its development.

Pharmacist identification The Practice Committee is to look into the possibility of making available, through an approved supplier, enamelled badges bearing the Society's arms and the word 'pharmacist'.

High street sales lead nation's growth

The latest forecast from retail consultancy Verdict is that consumer spending will grow strongly over the next three years. It also expects the volume of retail sales to increase by 13.4 per cent in the five-year period to the year 2000.

Like most economic forecasters, Treasury officials, preparing the summer forecast due for publication in July, expect the economy to gather pace in the second half of the year as export markets revive, manufacturing, investment improves and consumer spending accelerates.

However, the likelihood of achieving the official forecast of

3 per cent growth in 1996, made at the time of the last Budget, now looks remote. Certainly the OECD, whose latest report on Britain heaps praise on the reforms which have made the economy more flexible and competitive, expects growth of only 2 per cent this year.

Consumer spending was the main engine of growth during the first three months of 1996. It rose by 0.8 per cent, faster than at any time in the past two years. Yet retail sales improved by only 0.2 per cent in April, with a drop of 1.5 per cent in sales of household goods offsetting buoyant performance by department stores.

According to the Confederation of British Industry's April survey of retailers, high street sales are expected to have risen further during May, but recent experience suggests that the pace of growth may be more modest than predicted. The sales upturn in April was marked for chemists, but business for specialist food shops was flat.

Earlier, the British Retail Consortium recorded relatively high sales of cough and cold remedies in April — thanks to the cold weather — with sales of vitamins also continuing to perform strongly; but sales of sun preparations suffered from the lack of warm weather. Department stores generally reported strong sales of cosmetics and fragrances, with skin care products also in demand, says the BRC.

In the high street, prices rose by 2.4 per cent in the year to April, down from an annual rate of 2.7 per cent in March. The main downward effect, according to the Office for National Statistics, was from lower housing costs and prices of household goods.

Looking ahead, finance house UBS expects that both the headline rate of inflation and the gov-

ernment's targeted rate, which excludes mortgage interest payments, are likely to drift around their present levels.

Downward pressures will come from strengthening of the exchange rate; lower food price inflation; and lower petrol prices. Upward pressure will be exerted by larger increases in electricity and water charges than last year and stronger high street demand allowing retailers to rebuild margins.

Further back in the price pipeline, evidence from the Office of National Statistics reveals the slowest annual rate of increase in factory gate prices in April for 18 months. In contrast the official index of manufacturers' raw material and fuel prices increased strongly during April, largely the result of a large rise in the price of crude oil.

Meanwhile manufacturing is flat and orders have sunk to their lowest for two and a half years, according to the CBI. Nevertheless, production of pharmaceutical products is increasing at an annual rate of 2.9 per cent and manufacturers' sales of perfumes and toiletries are 3.8 per cent up on a year ago.

PRICES AND COSTS

Retail prices (Jan 1987 = 100)

| | Period | Latest | % change on previous | % change on year |
|-----------------|--------|--------|----------------------|------------------|
| All items | Apr | 152.6 | 0.7 | 2.4 |
| Chemist's goods | Apr | 171.2 | 0.9 | 5.4 |

Producer prices (1990 = 100)

| | Period | Latest | % change on previous | % change on year |
|-----------------------------------|--------|--------|----------------------|------------------|
| Manufacturing industry, excl food | Apr | 120.2 | 0.1 | 2.8 |
| Chemical industry | Apr | 122.0 | 0.5 | 1.8 |
| Pharmaceuticals | Apr | 117.8 | 0.2 | 1.4 |
| Perfumes & toilet preps | Apr | 131.0 | 0.0 | 6.1 |
| Lip & eye make-up preps | Apr | 141.4 | 0.0 | 10.2 |
| Dental & oral hygiene preps | Apr | 129.5 | 0.9 | 3.4 |
| Shaving preps, deodorants | Apr | 129.2 | -0.3 | 3.9 |
| Adhesive dressings | Apr | 127.7 | 1.3 | 3.0 |

Average earnings (Jan 1990 = 100)

| | Period | Latest | % change on previous | % change on year |
|------------------------------|--------|--------|----------------------|------------------|
| Whole economy | Mar | 135.3 | 3.6 | 3.8 |
| Chemicals, chemical products | Mar | 149.0 | 10.8 | 5.1 |

OUTPUT (1990 = 100)

| | Period | Latest | % change on previous | % change on year |
|---------------------------------|--------|--------|----------------------|------------------|
| Chemicals, man-made fibres | Q1 | 118.1 | 0.3 | 1.0 |
| Pharmaceutical products | Q1 | 143.5 | 3.7 | 2.9 |
| Perfumes, cosmetics, toiletries | Q1 | 108.4 | -1.2 | 3.8 |

SALES

Consumer expenditure (current prices)

| | Period | Latest | % change on previous | % change on year |
|------------|--------|--------|----------------------|------------------|
| Total, £bn | Q1 | 115.4 | 1.4 | 4.8 |

Retail sales (value, 1990 = 100)

| | Period | Latest | % change on previous | % change on year |
|-----------------------|--------|--------|----------------------|------------------|
| All retail businesses | Apr | 125 | 1.6 | 4.5 |
| Chemists | Nov | 125 | 3 | -1 |

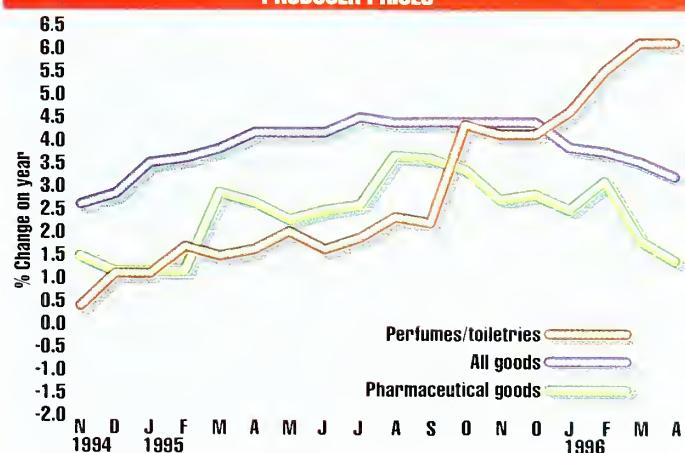
OTHER BUSINESS INDICATORS

| | Period | Latest | % change on previous | % change on year |
|------------------------------------|--------|--------|----------------------|------------------|
| Consumer credit – net lending (£m) | Mar | 700 | -0.1 | 34.4 |
| Unfilled vacancies ('000) | Apr | 196.5 | 0.7 | 8.0 |

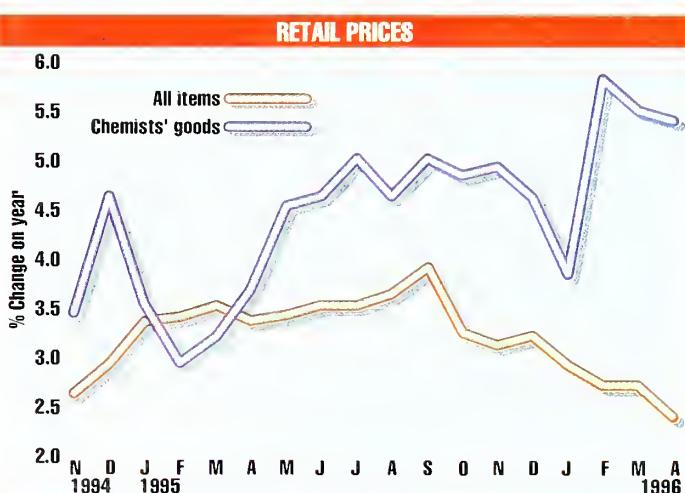
| | Period | Latest | % change on previous | % change on year |
|---------------------------|--------|--------|----------------------|------------------|
| Claimant unemployment (%) | Apr | 7.8 | 0.0 | -6.0 |

Sources: Office for National Statistics, Bank of England and C&D

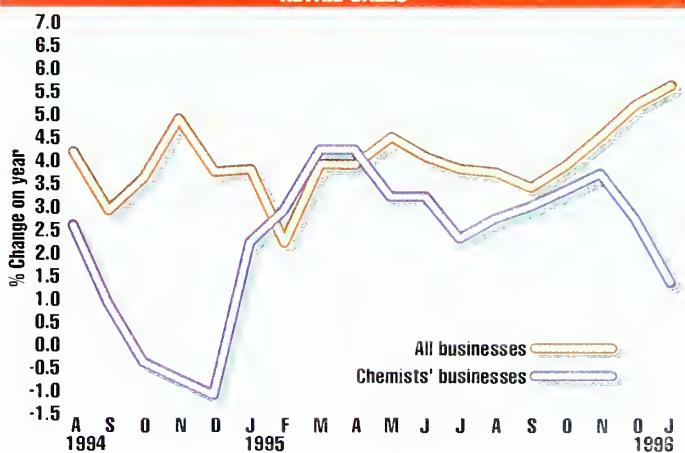
PRODUCER PRICES



RETAIL PRICES



RETAIL SALES



'Bully boy' Asda slammed by CPAG

Supermarket chain Asda's renewed onslaught on Resale Price Maintenance has been derided as 'bully boy tactics' by the Community Pharmacy Action Group, which is fighting to preserve RPM.

National Pharmaceutical Association director and member of the CPAG, Tim Astill, says British consumers and local communities "may end up paying a very high price indeed if Asda's bully boy tactics, to build its market share at the expense of independent community chemists, were to succeed".

CPAG director David Sharpe, who appeared on BBC's Business Breakfast on Wednesday morning with Asda's director of corpo-

rate affairs, similarly scoffs at the company's antics. "He [Archie Norman, Asda chairman] is getting more and more desperate because he did not recognise the strength of feeling and opposition against him."

Asda launched the second phase of its RPM fight on Monday by halving the price of Whitehall Laboratories' Anadin Paracetamol. Whitehall's rejoinder was to secure a court injunction the following day, forcing Asda to sell the drug at the RPM price.

Yet Asda retaliated by remov-

ing Anadin Paracetamol from the shelves of its 207 stores and instead promoting its own-brand paracetamol at £0.24 for 24.

Whitehall was disappointed at Asda's decision to remove its product, but says it is a commercial judgement by the supermarket chain. The pharmaceutical company reiterates its full support for RPM and advises all concerned to await the outcome of the Office of Fair Trading review.

Asda says there must be more targeted, effective ways to help pharmacies than the mainte-

nance of RPM. "We estimate that, for every pound spent by the customer on Anadin Paracetamol, 80 per cent is profit margin for manufacturer and retailer. So much for the argument that it is all about support for neighbourhood pharmacies," claims Asda's marketing director Gwyn Burr.

Industry sources suggest that this latest action is merely the curtain-raiser for the expected launch of Asda's own-brand vitamins and minerals.

Asda kick-started the on-going OFT investigation into RPM by slashing the retail price of branded vitamins last October.

The company is discussing RPM with the European Commission as C&D went to press.

Independent Retailer Excellence Awards 1996

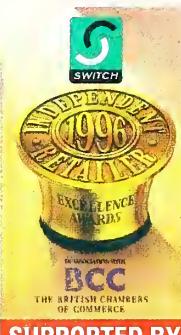
Your chance to win £5,000

This week sees the launch of the 1996 Switch Independent Retailer Excellence Awards, run in association with the British Chambers of Commerce.

Supported by C&D, the competition seeks to identify independent pharmacists who demonstrate originality and excellence in the running of their business.

Those wishing to enter should complete a written application covering customer service, marketing, training and technology, which may be accompanied by any relevant supporting material.

Entry forms are inserted in this week's issue or can be obtained by phoning 0800 413415. Entries must be submitted by September 20 to: Switch Independent Retailer Excellence Awards, The Association



SUPPORTED BY
CHEMIST & DRUGGIST

of British Chambers of Commerce, 9 Tufton St, London SW1P 3QB.

The Independent Retailer Excellence Awards have, since their inception three years ago, become one of the UK's most prominent business awards.

The Awards are open to independent retailers regardless of size of turnover and focus on 10 different retail sectors. As the leading trade title in its sector, C&D is delighted to be supporting the Awards once again.

The entries are whittled down to three in each category, all of which are visited by BCC judges for detailed evaluation.

All 30 shortlisted retailers are invited to an awards luncheon at the Savoy Hotel, London, on November 21. Category winners will receive £400 of Forte vouchers, with the overall winner collecting £5,000.

Park Systems launch comprehensive OTC system

Pharmacy computer specialist Park Systems has launched Counter Counselling Module, a comprehensive ordering and counselling package for over the counter medicines.

The system can be used to check for drug interactions and contra-indications against pre-

scribed drugs and other OTC preparations.

It can either be accessed on a Park PMR unit in the dispensary or linked up to a laptop at the counter using the Parknet software.

The service is available free to Park Systems customers. Those

Intercare disposes of dental business

The Intercare Group has disposed of its entire share capital in its dental laboratory business, A-Z Dental Holdings Ltd.

The lossmaking business has been acquired by Diverse Acquisitions Ltd, a newly formed company of individual shareholders, which plans to further develop the business. The total proceeds of the sale amounted to \$425,000 in cash, including the repayment of bank and intercompany debt.

Scotia expands UK research facilities

Scotia Pharmaceuticals is doubling the size of its UK research and development facility in Carlisle to 26,000m².

The expansion, costing \$1 million, will include an initial production site for Foscan, Scotia's new photodynamic therapy drug for cancer, and a formulation suite to provide products for clinical trials.

Dr Mehar Manku, who heads the Carlisle Research Centre, says the expansion will allow the acceleration of novel product development programmes.

Meanwhile, Scotia has collaborated with private investor Highlands & Islands Enterprise in investing \$6m on developing the existing production and research facilities at Callanish on the Isle of Lewis.

The work will include a pilot plant facility to develop and manufacture pure lipophilic compounds.

who do not have a Park PMR system can purchase a stand alone notebook computer for \$1,000-\$1,500, or can have it linked to their own PMR system for an annual licence fee of around \$12 a month.

Park Systems Ltd.
Tel: 0151 298 2233.

BTC profits bolster Boots results

Boots the Chemists saw profits rise 10 per cent in the year to March 31, although other sections within the Boots group fared less well.

Sales in BTC increased 5.6 per cent to \$3,107.6 million, giving an operating profit of \$384.8m. However, the mixed results of other retail businesses in the group meant the company's profits fell 6.1 per cent to \$493.5m before tax and exceptional items.

The "very healthy" results of BTC were due to a "good summer and an excellent Christmas", said chief executive of the Boots Company Lord Blyth as he presented the results last week in London.

Dispensing sales at BTC were up by 8.3 per cent to \$623.7m, giving BTC a market share of 12.6 per cent. Dispensing now accounts for 20 per cent of BTC sales. Tighter pricing in the second half of the year meant that growth was reduced, so that the gross margin for BTC was up by 0.4 per cent.

Healthcare sales were up 7.4 per cent, and beauty and personal care sales rose 8.4 per cent.

The relaunch of BTC's own make-up range, No 7, increased sales of the range by 20 per cent. Premium cosmetics and fragrances were up by 24 and 13 per cent respectively.

The new computerised store systems infrastructure has been installed in 222 stores. The whole chain will be fitted out with the system by March 1998. It will allow BTC to build a customer database and give a customer sales breakdown, which will help the company target consumers.

Boots is continuing with its store opening programme and saw a net opening of 48 small stores in the year. There are 1,226 stores in the UK. "The performance in opening stores with a contract has been on an improving trend," said board director Steve Russell.

Steve Russell, Boots the Chemists



Three new edge of town stores were also opened.

The company sees out of town opportunities forming a very small proportion of store openings, said corporate affairs director Alister Eperon. Instead, Boots would be considering secondary or "in-fill" opportunities such as opening health & beauty stores rather than pharmacies, he said.

Although sales in Boots Healthcare International rose 12.3 per cent to \$206.7m, it had an overall loss of \$8.2m. The figures reflect the increased level in investment, said Lord Blyth, adding that "losses could be expected in the short term".

Investment by BHI in product development and launches has increased 30 per cent to \$74m. Around 17 new products or line extensions were launched in new markets.

In the autumn, Boots will be opening a store in Dublin, the first to open outside the UK for some time, said Lord Blyth. Other international projects include rectifying Boots' "poor representation" in Germany.

"International investigations have been going on for months," said Mr Russell, but Boots will be taking "a careful approach".

Overseas ventures would be on an "extremely modest basis", agreed Mr Eperon.

The DIY sector within Boots, represented by AG Stanley and Do-It-All (a joint venture owned by Boots and WH Smith), "remains a problem area" according to Lord Blyth. Sales were down on last year by 8.5 per cent to \$104.9m for AG Stanley and down 7.9 per cent to \$170.7m for Do-It-All.

Other figures in the report include:

- Boots Opticians saw sales increase 11.1 per cent to \$132.3 million, with an operating profit up 31.3 per cent to \$10.9m. This was helped by a VAT refund on dispensing services of \$12.8m from HM Customs & Excise.
- Halfords saw sales rise only 3.3 per cent to \$390.5m, partly due to water restrictions last summer.
- Boots contract manufacturing sales rose 10.8 per cent to \$239.4m, but profit was down 6.2 per cent to \$16.7m.
- Boots Properties saw profit increase 2.1 per cent to \$68.2m.
- Boots announced on Tuesday that it will acquire WH Smith's interest in Do-It-All for \$1. WH Smith will give its 50 per cent stake in the DIY store to Boots.

MIP Design

Subscribers who responded to the MIP Design advertisement for pharmacy shopfittings in April's Pharmacy Action Pack are asked to send again for details using the card in the June Action Pack, due out next week. We apologise that some April cards were returned to a former MIP address so the company may not have replied to all enquiries. MIP Design can be contacted on 01203 663265.

CHIP 96

CHIP 96, the Chemicals (Hazard Information and Packaging for Supply) (Amendment) Regulations 1996, has come into force, updating CHIP 2. The new regulations add about 700 new substances to the approved supply list and introduce a new labelling phrase, 'restricted to professional users', for immediate use for chemicals in categories 1 and 2.

Customer theft booklet

A new booklet offering retailers advice about shoplifting has been issued by the Home Office. 'Preventing customer theft' is the fourth in a series of booklets offering crime prevention advice for retailers.

First PPRS report

The first report of the Pharmaceutical Price Regulation Scheme has been published. It sets out the main aims of the PPRS, created in October 1993, which is to seek a balance of fair value for money for the NHS, while ensuring reasonable prices for the manufacturers of prescribed medicines.

ADVANCE INFORMATION

The Society of Pharmaceutical Medicine is holding a symposium on 'Legal aspects of pharmaceutical medicine' on **June 18** in the Scientific Societies Lecture Theatre, New Burlington Place, London W1. Contact SPM Secretariat on tel: 0171-581 8333. **The Joint Pharmaceutical Analysis Group**, in conjunction with **RPSGB Industrial Pharmacists and Hospital Pharmacists Group** and the national **Central Intravenous Additives Services Group**, jointly present on **June 18**, at The Royal Pharmaceutical Society. 'The Role of the Pharmaceutical Industry, Regulators and the NHS in Centralised Intravenous Additives Services'. The

Industrial Pharmacists Group is also holding a workshop discussion 'Achieving Cost Effective Manufacture' on **June 20**, at the RPSGB. Details from Dr J.A. Clements, tel: 0171-735 9141, ext 289. **The British Institute of Regulatory Affairs** will be holding two meetings in London in June. 'Devices that deliver drugs: A Workshop' on **June 19** and 'Mutual recognition: Experience to date' on **June 21**. Contact BIRA on 0171-538 9502. **Numark's Pharmacy Study Tour**, South Africa, will take place **Sep 23 - Oct 4**. Bookings together with a \$500 deposit have to be made by June 24. Details from Danny Boyle at Travel & Leisure International Ltd. Tel: 0181-994 8536.

Medeva to buy Fison's former US business

Medeva has entered into a conditional agreement with Rhone Poulenc Rorer to acquire Fison's previous US operations for \$370 million (\$239m) in cash.

The Rochester Business, previously Fisons' US headquarters before it was bought by RPR, includes a portfolio of 10 pharmaceutical products which generated sales of \$99.7m in 1995 and an operating profit of \$54.4m.

Medeva has also agreed to buy a group of French pharmaceutical products in the respiratory, dermatology and OTC sectors from RPR for a cash consideration of \$30m (\$19m). The deal, which is subject to conditions, is expected to help Medeva build a base for the introduction of the multi-dose dry powder inhaler.

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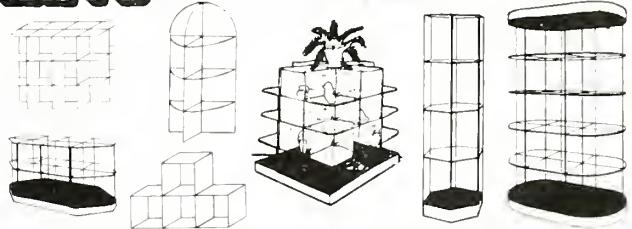


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Experience shows in C&D's new line up

There are two new faces – and two familiar ones – in new positions at *Chemist & Druggist*.

A restructuring of the editorial desk sees Maria Murray MRPharmS appointed to the position of Assistant Editor. Maria, who joined C&D in 1992, will continue to co-ordinate C&D's magazine for pharmacy assistants, *Over The Counter*.

Fawz Farhan MRPharmS takes over from Maria as Technical Editor, and will be responsible for prescription and medical news coverage. Fawz also takes on C&D's Pharmacy Update continuing education section. Fawz joined C&D in 1994.

Joanne Webb joins C&D as Beauty Editor. She has five years experience as fashion and beauty writer and worked as consumer editor's assistant at the *Daily Star*. Jo has just come back from a year in Australia where she wrote for Perth's *Daily Western* and the *Sydney Daily Herald*.

Joining C&D as Production



New people in new roles at C&D (left to right): Technical Editor Fawz Farhan, Production Editor Vanessa Townsend, Assistant Editor Maria Murray and Beauty Editor Joanne Webb

Editor is Vanessa Townsend, with responsibility for progressing the magazine to press each week. Vanessa was previously a

writer and sub-editor at *Jane's Defence Weekly*. She also edited a monthly supplement, *Jane's Defence Contracts*.

APPOINTMENTS

Paul Bennett has taken over from **Julian Ashley** as superintendent pharmacist, Safeway Stores plc. Mr Bennett was previously superintendent designate. Mr Ashley has moved to the IT division as IT business solutions manager.

Ian Mills has been appointed the new regional chairman for the North Thames region from July 8. He takes over from **Sir William Staveley**.

Core Technologies Ltd, the Kilmarnock-based drug delivery company, has announced the following appointments: **John Bailey** will replace **Alan Goodman** as chairman; **Stewart Siddall** and **David Needham** join the board as non-executive directors; and **Sir Mark Richmond** will be the chairman of the scientific advisory board.

Ian Williamson has been appointed managing director of Coty Group UK.

Becton Dickinson consumer products division has appointed **Kate Stroud** as product manager, responsible for diabetes care products.

Boots plays host to Swedes



Boots played host to a delegation from the National Corporation of Swedish Pharmacies in May. The Swedes were on a fact finding mission to the company's Nottingham head office to find out more about the management of the pharmacy chain. Pictured left to right are: Berut Aslund, vice president of the NCSP; Barbro Fischerstrom; David Andersson; Lars Steffenkull; Boots pharmacy superintendent Marshall Davies; pharmacy development controller Colin Baldwin; and dispensing, buying and marketing controller Digby Emson.

Room up top

The man on the Clapham omnibus may not have been consulted, but Smith & Nephew thought it right to help restore a bus.

The bus happens to be the earliest preserved British built bus and dates from 1908. Liveried in the Wright's Coal Tar Soap logo, (which has been around slightly longer), the bus is still working and regularly enters rallies.

Jokes about waiting for ages at the bus stop should be ignored. The vehicle has recently completed a London to Brighton run, organised by the Historical Commercial Vehicle Society, when it collected five awards, including 'best vehicle pre-1920' and 'best Leyland vehicle'.



Awards call

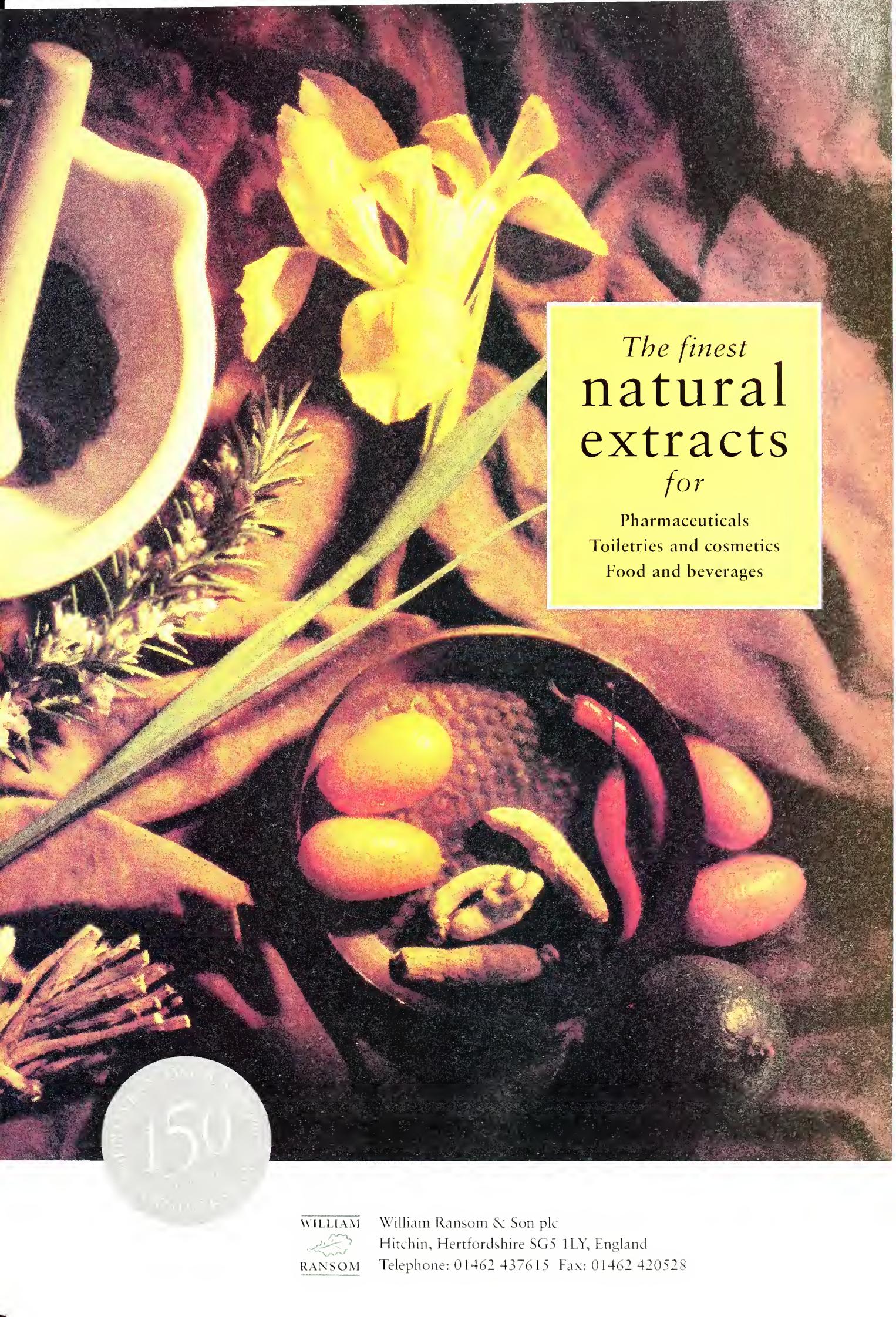
The College of Pharmacy Practice is inviting applications for the 1996 John M Harris Awards.

You are eligible for the awards if you are researching or studying in the fields of clinical pharmacy, pharmacology or therapeutics.

An award of up to \$1,500 may be made for practice research or academic work, and up to \$500 to help a pharmacist in travelling to present research data at a scientific conference.

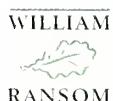
Details and application forms, to be returned by June 28, can be obtained from the College on 01203 692400.

- Scientists wishing to submit poster abstracts for this year's European Congress of Pharmaceutical Sciences, to be held at Edinburgh University, must do so before July 1. Details from: Third EUFEPS Congress, Marshwood House, 52 Gresham Road, Staines, Middlesex TW18 2AN.



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